

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
TRENTON VICINAGE**

901 ERNSTON ROAD, LLC,

Plaintiff,

v.

BOROUGH OF SAYREVILLE ZONING
BOARD OF ADJUSTMENT; *and*
BOROUGH OF SAYREVILLE,

Defendants.

Civil Action No.: 3:18-cv-02442

**CERTIFICATION OF DAVID B.
HIMELMAN, ESQ. IN SUPPORT OF
PLAINTIFF'S APPLICATION FOR AN
ORDER TO SHOW CAUSE WHY THE
COURT SHOULD NOT ISSUE A
PRELIMINARY INJUNCTION
DIRECTING ISSUANCE OF
NECESSARY ZONING APPROVALS
AND ENJOINING DISCRIMINATORY
CONDUCT**

(Document filed electronically)

David Himelman, of full age, hereby certifies as follows:

1. I am an attorney admitted to practice law in the State of New Jersey and the United States District Court for the District of New Jersey. I was counsel of record to Plaintiff in the proceedings before the Sayreville Zoning Board of Adjustment and Borough of Sayreville, the Defendants in the above-captioned matter, and I make this certification on my own knowledge and belief.
2. Attached hereto as Exhibit A is a true and correct copy of Sections 26-6 and 26-85(b) of the Sayreville Code of Ordinances, which governs and defines properties zoned as "Public, Recreational, Institutional Municipal and Educational (PRIME)."
3. On or about June 23, 2017, RCA filed a request with the Zoning Board to confirm that the Facility's use was permitted in the PRIME zone. Sayreville Zoning Officer, Andrew Mashanski, advised RCA to file a formal permit application requesting such confirmation (which could then be appealed to the Zoning Board if denied).

4. On July 7, 2017, RCA filed a formal application with the Sayreville Zoning officer for a zoning permit to seek approval and confirmation that the proposed drug and alcohol abuse treatment facility and residential health care treatment facility to be operated by RCA on the Property is a conditionally permitted use in the PRIME zone.

5. On July 14, 2017, Andrew Mashanski, the Zoning Officer for the Borough, denied RCA's application for a zoning permit.

6. On July 26, 2017, Plaintiff timely appealed the denial of the zoning permit to the Sayreville Zoning Board of Adjustment in accordance with the New Jersey Municipal Land Use Law, N.J.S.A. 40:55D-70 (a) and 72 (a).

7. A hearing on the appeal of the zoning's officer administrative denial of the zoning permit was scheduled before the Zoning Board for August 23, 2017, but due to a lack of quorum at the August 23, 2017 meeting, the matter was carried to the September 27 meeting.

8. On September 15, 2017, RCA filed an application with the Zoning Board for Use Variance and Amended Site Plan approval (the "Variance Application") for a drug and alcohol abuse treatment facility/residential health care treatment facility. 901 LLC filed the Variance Application under a reservation of rights and without prejudice, to the pending appeal of the Zoning Officer's determination.

9. During the September 27, 2017 hearing, RCA presented testimony demonstrating that the proposed use falls within the definition of long term care facility as defined in the Code. Although the Zoning Board's questions and input during the hearing suggested that its members were unlikely to reverse the Zoning Officer's determination, the Board took no action or vote on the appeal at the meeting. Excerpts from the transcript of the September 27, 2017 hearing are attached hereto as Exhibit B.

10. The Zoning Board conducted public hearings on Plaintiff's application for a Use Variance and Amended Site Plan Approval on November 8, 2017, December 13, 2017, and January 24, 2018.

11. Attached hereto as Exhibits C, D and E, respectively, are true and correct copies of excerpted pages from the transcripts of the November 8, 2017, December 13, 2017, and January 24, 2018 hearings before the Zoning Board.

12. At the February 28, 2018 Zoning Board meeting, after being served with the complaint in this action, the Zoning Board failed to adopt a final resolution to deny Plaintiff's application for Use Variance and Amended Site Plan Approval.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Respectfully submitted,

David B. Himelman
Attorney At Law
Turnpike Metroplex
190 Route 18 North, Suite 205
East Brunswick, New Jersey 08816
Counsel for Plaintiff



David Himelman

Dated: March 1, 2018

EXHIBIT A

Sayreville Zoning Code

26-6 - DEFINITIONS.

Long term care facility/nursing facility/nursing home means a facility which provides a full range of twenty-four (24) hour direct medical nursing and other health services. Registered nurses, licensed practical nurses and nurses' aides provide services prescribed by a residence physician. It is for those older adults who need health supervision but not hospitalization. The emphasis is on nursing care, but restorative physical occupational speech and respiratory therapies are also provided. This level of care may also include specialized nursing services such as intravenous feeding or medication, tube feeding, injected medication, daily wound care, rehabilitation services and monitoring of unstable conditions.

(Ord. #637-99)

(Ord. No. 213-13, § 1, 4-8-2013)

26-85 - CONDITIONAL USES.

- a. *General.* The Board shall not approve a conditional use unless it finds that the use meets all the applicable requirements of this section. All conditional uses shall be subject to site plan review in accordance with Article III of this chapter.
- b. *Requirements for Specific Uses.*
 1. Home occupations which do not qualify as accessory uses pursuant to subsection 26-82.6.b.2. of this chapter shall be permitted in all residential zones as a conditional use, provided that the following conditions are met:
 - (a) The practitioner must be the owner or lessee of the residence in which the home occupation is contained.
 - (b) The practitioner must reside in the home as his or her principal residence.
 - (c) The practitioner shall not utilize the services of more than one on-site employee at any time. Use of any home occupation facility by a group or groups of clients or other persons shall not be permitted.
 - (d) The home occupation shall occupy less than fifty (50%) percent of the total area of the floor where located, excluding space used for a private garage or nine hundred (900) square feet, whichever is smaller.
 - (e) No clients shall remain on the premises overnight.
 - (f) The residential character of the neighborhood and the premises shall not be subordinated to the home occupation use.
 - (g) Adequate on-site parking spaces shall be provided in accordance with this article so that no parking related to the home occupation shall occur on the street.
 - (h) No retail sales, manufacturing or industrial operations shall be conducted on the site.
 - (i) No more than one (1) business visitor shall be permitted at any one time. There shall be no external evidence of the home occupation, except any parking spaces that may be required pursuant to this article.
 - (j) Home occupation deliveries and pick-ups shall be of the type customary to residential areas only.
 - (k) No sign identifying the home occupation shall be permitted and there shall be no identification of such home occupation upon any mailbox.
 - (l) No equipment or process shall be used in such home occupation which creates noise, glare, fumes, odors, electrical interference, medical waste or other nuisance factors detectable to the human senses, outside the lot on which the home occupation is conducted.
 2. Houses of Worship. Houses of worship shall be permitted as a conditional use in all zoning districts in compliance with the following:
 - (a) Compliance with Zoning Schedule III at the end of this chapter.

Sayreville Zoning Code

- (b) Screening and landscaping shall be provided where necessary to minimize the development's impact on adjacent properties.
- 3. Gasoline Service Stations and Public Garages. All gasoline service stations and public garages shall comply with the following requirements:
 - (a) Minimum lot size: The minimum lot size shall be twenty thousand (20,000) square feet.
 - (b) Minimum lot width: The minimum lot width shall be one hundred (100') feet.
 - (c) No more than three (3) gasoline service stations shall be located within one (1) linear mile. The distance shall be measured along the center line of existing streets to the nearest lot line of land use for a gasoline service station. Further, such use shall be located no less than five hundred (500') feet from any institutional or public use or house of worship.
 - (d) Outdoor storage areas and landscaping requirements: All outdoor storage facilities shall be enclosed by a fence or a wall or other suitable visible screen adequate to conceal such facilities and the contents thereof from adjacent property.
 - (e) All areas not covered by buildings and pavement shall be appropriately landscaped and maintained.
 - (f) Location of oil drainage pits and hydraulic lifts: No outdoor hydraulic or mechanical lifts or oil drainage or mechanical pits shall be permitted.
 - (g) Location of gasoline pumps: No gasoline pumps shall be nearer than twenty-five (25') feet to any street right-of-way line and all property lines and at least fifty (50') feet from the boundary of a residential zone.
 - (h) The sale of used cars and the storage of any unlicensed vehicles shall be prohibited.
 - (i) The sale of convenience items on-site, other than those that are clearly incidental to the gasoline service station use, shall not be considered an accessory use.
 - (j) All other standards of the zone in which the use is located shall be met.
- 4. Full-Service or Suite Hotel.
 - (a) Full-service or suite hotels shall contain not less than one hundred forty (140) rooms and may contain ballroom and meeting spaces, restaurants, dining rooms, banquet halls, bars, convenience stores and other associated accessory uses.
 - (b) Maximum height: two and one-half (2 ½) stories.
 - (c) Shall comply with all other bulk standards of the zone.
- 5. Long-term care facility or assisted living facility shall be permitted as a conditional use in the PRIME zone, subject to the following:
 - (a) Minimum lot area: five (5) acres.
 - (b) Minimum lot width: three hundred (300') feet.
 - (c) Minimum lot depth: four hundred (400') feet.
 - (d) Maximum height: thirty-five (35') feet and two and one-half (2 ½) stories.

Sayreville Zoning Code

- (e) Maximum floor area ratio (FAR): 0.30.
 - (f) Maximum impervious coverage: forty (40%) percent.
 - (g) Minimum setbacks:
 - (1) Front yard: fifty (50') feet.
 - (2) Side and rear yards:
 - (i) From single-family residential zone and/or single-family residence property line: one hundred (100') feet.
 - (ii) From multi-family residential zone and/or multi-family building property line: fifty (50') feet.
 - (iii) From non-residential zone property line: forty (40') feet.
 - (3) All yards shall be utilized as buffer areas in accordance with Articles IV and V of this chapter.
 - (h) No parking shall be permitted in any required front yard setback area.
 - (i) Minimum parking setback from building: ten (10') feet.
 - (j) Maximum number of units: seventy-five (75).
 - (k) Maximum number of occupants: one hundred (100).
 - (l) No accessory structures shall be permitted.
 - (m) Minimum gross floor area per unit:
 - (1) Single occupant unit: three hundred (300) square feet.
 - (2) Double occupant unit: four hundred fifty (450) square feet.
6. Continuing care retirement community (CCRC) shall be permitted as a conditional use in the PRIME zone, in accordance with subsection 26-84.1b(4)(a) through (j) and (11) of this article.
7. Public Utility Uses. Public utility uses shall be permitted as a conditional use in all zoning districts in accordance with the following conditions:
- (a) Site plans, specifications and a statement setting forth the need and purpose of the installation are filed with the Board.
 - (b) Proof is furnished that the proposed installation in a specific location is necessary and convenient for the efficiency of the public or private utility system or the satisfactory and convenient provision of service by the utility to the neighborhood or area in which the particular use is located.
 - (c) The design of any building utilized in connection with such facility conforms to the general character of the area and shall in no way adversely affect the adjacent properties.
 - (d) Adequate and attractive fences and other safety devices and sufficient landscaping shall be provided to provide year-round visual screening from adjacent properties.
8. Construction Staging and Storage. Construction staging and storage shall be permitted as a conditional use in the I District in accordance with the following:

Sayreville Zoning Code

- (a) Maximum area of disturbance: four (4) acres total.
- (b) The area and equipment shall not be visible from any public right-of-way.
- (c) The area shall be used for construction staging and storage only during the time of construction. If construction is halted, for any reason, for a period of more than six (6) months, all construction equipment shall be removed from the area until construction commences again.
- (d) The area shall be returned to its original condition, or a finished appearance, after construction is completed.
- (e) The removal of mature trees shall be subject to Board approval.
- (f) Construction staging shall not occur in any area where natural buffers adjacent to residential areas would be disturbed.
- (g) Performance standards: Performance standards in accordance with Article V shall be met for noise, vibration and disposal, emission or handling of hazardous materials as required by the New Jersey Administrative Code as amended from time to time. Glare, dust and odors shall not be discernible at any property line.

9. Billboards.

- (a) Billboards shall be permitted as a conditional use only in the B-3 zones that front on New Jersey State Highway No. 9 and comply with the following requirements:
 - (1) The parcel shall have a minimum lot frontage of two hundred (200') feet along New Jersey State Highway No. 9.
 - (2) No billboard sign shall be closer than one thousand (1,000') feet to another billboard sign located on the same or opposite side of New Jersey State Highway No. 9. This distance shall be measured along a straight line between the two (2) nearest points of the signs. The minimum spacing requirement shall not apply to two (2) panels viewed from different directions of travel on New Jersey Highway No. 9 and which share a common support structure.
 - (3) No advertising sign shall be located within three hundred (300') feet of any intersection, interchange or right-of-way of any underpass, overpass or bridge.
 - (4) Only single-sided or double-faced signs with a single display per face shall be permitted. Flashing, moving or projected signs are prohibited.
 - (5) There shall be no more than one (1) advertising sign on a parcel, provided however, that the advertising sign may be double-faced.
 - (6) No billboard sign shall be erected within three hundred (300') feet of the nearest property line of a residentially zoned property, property used for residential purposes, any public property or any public or private park.
 - (7) No billboard shall exceed a height of fifty (50') feet at its highest point above the elevation at the base of the sign.
 - (8) The sign area of an advertising sign shall not exceed six hundred seventy-five (675) square feet per sign face.

Sayreville Zoning Code

- (9) The minimum setback line of the billboard from any property line or right-of-way shall be thirty (30') feet measured from the closest point of the billboard to the closest point of the right-of-way.
 - (10) The minimum setback line of the billboard sign from any structure shall be thirty (30') feet.
 - (11) Lighting for the advertising sign shall be designed to minimize its impact upon the surrounding area.
 - (12) The base and the support structure of the advertising sign shall be designed to minimize its impact on the surrounding area.
 - (13) No advertising sign shall be permitted which, because of its size, shape and location, may obscure or obstruct the view of vehicular or pedestrian traffic or be confused with any authorized traffic signal.
- (b) Additional requirements for billboard applications:
- (1) The Borough shall not accept an advertising sign application for consideration and issuance unless accompanied by a valid permit of the Department of Transportation of the State of New Jersey and any other State agency having jurisdiction over such signs.
 - (2) Site plan review shall be required for all advertising sign applications. Site plans shall include structural plans and drawings, foundation specifications, wind load calculations, electrical requirements, a survey depicting the distance between advertising signs and existing advertising signage installed as of the date of the subject application and any other data reasonably required by the Planning Board to determine compliance with the applicable conditions herein imposed.
 - (3) In addition to the required site plan checklist items, the applicant shall provide visual representations to the Board, demonstrating the visual impacts of the proposed advertising sign. These must be in the form of sealed diagrams and computer-generated simulations of the advertising sign proposed. These materials shall illustrate sign line and views of the proposed billboard from all adjoining property, from properties fronting on the opposite side of the highway and from points north and south of the site on New Jersey State Highway No. 9.
 - (4) Efforts shall be made to limit the visual impacts on any adjoining property and the highway corridor, particularly all impacts to property either zoned for residential use or developed for residential use. Efforts to enhance the aesthetics may consist of compatible color treatments for the support structure, landscaping around the base of the support structure, lighting and other site enhancements as deemed necessary by the Board.

EXHIBIT B

BOROUGH OF SAYREVILLE BOARD OF
ADJUSTMENT MEETING
MIDDLESEX COUNTY, NEW JERSEY

IN THE MATTER OF:)
)
) TRANSCRIPT
)
) OF
RECOVERY CENTERS OF)
AMERICA,) BOARD OF ADJUSTMENT MEETING
901 Ernston Road)
Sayreville, New Jersey)

Place: Municipal Building
167 Main Street
Sayreville, NJ 08872

Date: September 27, 2017

PLANNING BOARD MEMBERS PRESENT:

RONALD GREEN, Chairman
THOMAS KUCZYNSKI
KENNETH I. KREISMER
MARIA CATALLO
JOHN CORRIGAN
WILLIAM HENRY
PHIL EMMA
ANTHONY ESPOSITO

PLANNING BOARD CONSULTANTS:

JOHN LEONCAVALLO, PP (John Leoncavallo Associates)
Township Planner
JAY CORNELL, PE, PP (CME Associates)
Township Engineer
ANDREW MASHANSKI
Zoning Officer of the Borough of Sayreville

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APPEARANCES:

LAWRENCE B. SACHS, ESQ. (Law Offices of Lawrence B.
Sachs)
Attorney for the Board

DAVID B. HIMELMAN, ESQ. (Law Offices of David B.
Himelman)
Attorney for the Applicant

I N D E X

WITNESS

DAVID DORSCHU

Direct Examination by Mr. Himelman 24

Cross Examination by Mr. Sachs 48

EXHIBITS

A-1 Approved use for Briarwood and proposed 27
use for RCA at 901 Ernston Road

A D D E N D U M

Individuals identified within the text of the following transcript do not represent necessarily all of the individuals in attendance at this meeting. Their presence, speaker identification and other information regarding title page and appearance, along with various words, proper nouns and other spellings found within this transcript were able to have been extrapolated from minutes of the meeting and discussions with the Board Secretary and, of course, that which is evident and that which can be concluded by way of the tape recording itself, which is of fair quality.

Areas of the tape which were unable to be discerned were identified by placing the word (indiscernible) or (inaudible) followed by a short explanation.

* * * * *

Colloquy

1 MR. CHAIRMAN: The next application is 17-21
2 Recover Centers of America, 901 Ernston Road. This is
3 an appeal.

4 MR. SACHS: Mr. Chairman, let me just explain
5 what we have in front of us this evening, because we
6 normally don't have these. We've had a few of them
7 over the years, but under the Municipal Land Use Law
8 40:55D-70 which is the statute that basically gives
9 powers to the Zoning Board, one of those powers under
10 subsection (a) is to hear appeals of a decision of a
11 zoning officer. We normally don't hear this. Normally
12 we hear what are called C Variances which we just heard
13 five of them, or D Variances which are use variances.
14 So this is an A Variance or an A -- it's an appeal
15 under Section A.

16 So essentially our zoning officer, Mr.
17 Mashanski has made a determination with respect to the
18 issuance of a zoning permit and I would like him once
19 I'm done speaking to indicate what he did or did not do
20 in this matter. And the applicant has appealed that
21 decision which is their right under the statute, and
22 they're going to make a presentation to this Board
23 which will then be considered as to whether or not Mr.
24 Mashanski's decision was correct. So that's
25 essentially why we're here tonight.

Colloquy

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1 So I know if Mr. Himelman wants to introduce
2 himself we can do that, but I'd like Mr. Mashanski as
3 well to indicate, you know, what action he took.

4 MR. HIMELMAN: Thank you, Mr. Sachs.
5 Chairman Green, nice to see you, members of the Board
6 nice to see you.

7 As Mr. Sachs indicated this is a matter
8 involving a denial of the zoning permit application by
9 the zoning officer Mr. Mashanski. I represent the
10 permit applicant, if you will, Recovery Centers of
11 America. I do have an opening statement. I'd like to
12 at least have the Board understand how we got here,
13 what the issues are, who our witnesses are going to be
14 this evening, and the order of our presentation. And
15 obviously you may have questions of me before I proceed
16 with any witnesses, but at least allow me the
17 opportunity to go through my presentation. I would
18 appreciate that.

19 As he indicated, and Mr. Sachs is absolutely
20 correct, so my client Recovery Centers of America filed
21 an appeal for this hearing after Mr. Mashanski denied
22 the zoning permit which our client filed. That was on
23 July 14th, 2017. Under the Municipal Land Use Law, and
24 Mr. Sachs correctly pointed out under 40 -- N.J.S.A.
25 40:55D-70(a) and 72(a) as a result of your zoning

Colloquy

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1 officer's administrative action denying the zoning
2 permit this appeal was filed. And under N.J.S.A.
3 Municipal Land Use Law under Section 70(a) this Board
4 has jurisdiction to hear that.

5 And just for the record I just want to just
6 cite that provision so that there's no misunderstanding
7 because the Zoning Board has the power to hear and
8 decide this appeal where it's alleged by the appellant
9 in this case Recovery Centers of America that there is
10 error in any order, decision or refusal of an
11 administrative officer based on or made in the
12 enforcement of your zoning ordinance.

13 As we present tonight Recovery Centers of
14 America believes that the denial of the zoning permit
15 was an error and such actions were arbitrary and
16 capricious and should be reversed by this Board based
17 on the facts and legal grounds which we intend to
18 present in our appeal tonight. So that's basically the
19 legal framework why we're here and the right for this
20 Board to hear this.

21 As I indicated we've got several witnesses.
22 We do have a representative of Recovery Centers of
23 America David Dorschu who is currently the chief
24 executive officer at one of our facilities in Mays
25 Landing at Lighthouse and he will be testifying,

Colloquy

8

1 basically giving an overview of the various levels of
2 treatment programs available and the services we, RCA
3 provides. In addition, we'll be introducing a couple
4 of exhibits. One is an exhibit which compares the
5 previously approved nursing home facility Briarwood and
6 its services that it was approved for by your planning
7 board as a nursing home and long-term care facility and
8 the proposed use that RCA would like to move forward
9 with in the Borough.

10 In addition, we have James Higgins who's our
11 professional planner. He will testify on the uses and
12 services which Recovery Centers provides and how that
13 falls within the definition of long-term care facility
14 and nursing home as defined in your code which you'll
15 hear later on was the premise by which Mr. Mashanski
16 denied the permit.

17 And finally we'll have John Rea (phonetic)
18 who's our traffic consultant who's going to testify on
19 the traffic impact primarily analyzing -- I know Mr.
20 Rea is not here yet, but will be coming hopefully
21 later. He has a meeting and he will be arriving. I
22 know you know John. And he will basically testify on
23 the traffic impact primarily comparing the previous
24 approved use on this property that was approved by your
25 planning board to what is currently proposed.

Colloquy

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1 Just by way of background, sort of how did we
2 get here, so Recovery Centers of America has finalized
3 business terms to lease the property at 901 Ernston
4 Road which is where the subject property is and they
5 currently -- 901 Ernston Road Realty, LLC currently
6 owns the property. Historically, some of you may be
7 aware, Sayreville Nursing Home, LLC previously received
8 preliminary and final site plan approval from our
9 planning board and that was on May 21st initially back
10 in 2014 to operate a long-term care nursing facility.
11 The resolution of approval adopted by the planning
12 board confirmed that the applicant at that time
13 proposed to demolish the existing nursing home on the
14 above property and move forward with the plan
15 submitted. They ultimately filed an amended site plan
16 application to the Sayreville Planning Board in 2015
17 which included modifications to the building,
18 landscaping, other improvements including sidewalks,
19 and copies of those approvals had been submitted with
20 our materials to Mr. Mashanski.

21 The important thing to note here is that the
22 proposed facility to be constructed by Sayreville
23 Nursing was permitted as of right in the prime zone and
24 that was codified in both the resolutions from 2014 and
25 '15.

Colloquy

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1 As part of the formal lease agreement my
 2 client sought confirmation from the Borough that its
 3 intended facility which will operate at the property is
 4 a permitted use in the prime zone despite a detailed
 5 submission outlining the similarities between RCA's
 6 proposed use -- I mean RCA's use and the currently
 7 approved use. Mr. Mashanski as we know at this point
 8 determined that the proposed use is not permitted in
 9 the prime zone and that was primarily the basis by
 10 which he denied the application for the zoning permit.

11 Just to orient the Board and for the Board to
 12 better understand the nature of RCA's proposed business
 13 -- when I say RCA I'm referring to Recovery Centers of
 14 America -- the planning board testimony will -- I'm
 15 sorry, the planning testimony will refer and identify
 16 certain provisions of your land development code which
 17 we believe, and I believe are instructive on the use
 18 question. As you'll hear from representatives from Mr.
 19 Dorschu on the services RCA provides a full-range of 24
 20 hour direct medical nursing and other health services
 21 for it's patients.

22 They provide education, treatment,
 23 rehabilitation services, and recovery support for
 24 substance abuse and mental health disorders. The
 25 facility services will include a wide range of

Colloquy

11

1 intensive care treatment options, 24 hour nursing care
 2 and monitoring and supervision, rehabilitation
 3 programs, psychiatric service, psychological services,
 4 recreational therapy, medication monitoring and
 5 wellness programs. In addition they will treat
 6 patients and continue to provide services to its
 7 patients for an extended period of time. And as I
 8 said, further detail will be provided by RCA's
 9 representative on that.

10 Further background, Recovery Centers of
 11 America has received approvals and operates in eight
 12 facilities in New Jersey, Maryland, Pennsylvania and
 13 Massachusetts. In Devon, Pennsylvania RCA received an
 14 approval for its facility recognizing that it operated
 15 in a similar manner as the previously occupied long-
 16 term care facility at that particular location.

17 In addition, RCA has commenced legal action
 18 in Federal Court against Gloucester Township which is
 19 in South Jersey upon it's denial of a land use
 20 application to operate a long-term care facility. In
 21 that matter the Federal Court issued an injunction in
 22 that case directing the zoning board to vote in favor
 23 of its application and proposed facility.

24 Focusing on the code section at issue which
 25 is in your definition's section under your land

Colloquy

12

1 development code there's a provision dealing with long-
 2 term care facility and nursing home facility and
 3 nursing home. And in that ordinance and definition it
 4 specifically lays out how the Borough was to handle
 5 those particular use.

6 And what it goes on to say is it means it's a
 7 facility which provides a full range of 24 hour direct
 8 medical nursing and other health services, registered
 9 nurses, licensed practical nurses and nursing aids
 10 provide services prescribed by a resident's physician.
 11 It's for those older adults who need health supervision
 12 but not hospitalization. The emphasis is on nursing
 13 care, but restorative, physical, occupational speech
 14 and respiratory therapies are also provided. This
 15 level of care may also include specialized nursing
 16 services such as intravenous feeding or medication,
 17 tube feeding, injection medication, daily wound care,
 18 rehabilitation services and monitoring unstable
 19 conditions.

20 The above-sited definition which I just
 21 referred to comports with -- also with the definition
 22 described in the complete illustrated book of
 23 development definitions which is also a resource that
 24 many land use practitioners and planners rely on. And
 25 in that particular fourth edition it defines long-term

Colloquy

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1 care facility to mean an institution or part of an
 2 institution that is licensed or approved to provide
 3 healthcare under medical supervision for 24 or more
 4 consecutive hours to two or more patients.

5 As you know from the documentation and the
 6 appeal that we filed we believe, and RCA contends that
 7 it meets the definition of a long-term care facility
 8 and therefore should be permitted to operate in the
 9 prime zone.

10 As far as the previously approved site plan
 11 Recovery Centers of America will rely on the previously
 12 approved site plan and intends on making no
 13 modifications to the footprint of the building or any
 14 of the overall approval that the planning board granted
 15 back in '14 and then subsequently in 2015.

16 The services of the facility will include,
 17 and you'll hear testimony, 24 hour nursing care as well
 18 as rehabilitation services listed in the Borough's
 19 definitions. The patients who would receive treatment
 20 at the facility will include adults who suffer from
 21 physical and mental comorbidities and substance use
 22 disorders requiring medical attention usually in the
 23 form of nursing care, but typically not
 24 hospitalization. The precise class of people that
 25 Borough's definition was intended to support.

Colloquy

14

1 Further, on the definition as I indicated in
 2 the other -- in the complete illustrated book of
 3 development definitions the facility is compliant
 4 providing appropriate license, 24 hour care to multiple
 5 patients with familiar relation.

6 RCA performs as a long-term care facility
 7 including rehabilitation for its patients thus it seems
 8 clear to us that the proposed use falls squarely within
 9 the definition that I described under the uses in your
 10 code relating to long-term care and nursing home
 11 facilities.

12 Focusing on a particular phrase in that
 13 definition the term older adults as stated in the above
 14 ordinance is not defined and in our belief is
 15 ambiguous. Moreover, the term older adults is also not
 16 defined in the Municipal Land Use Law. As such, due to
 17 the ambiguity of such term old adults should be
 18 construed in favor of RCA.

19 Further, any attempt to discriminate based on
 20 age is illegal absent now or exceptions such as a 55
 21 older housing community or juveniles and none of those
 22 exceptions apply here. In addition, RCA's patients are
 23 handicapped and disabled under federal law including,
 24 but not limited to the Federal Fair Housing Act and the
 25 American With Disabilities Act otherwise known as ADA.

Colloquy

15

1 Similarly disabled individual patients are also
 2 protected under New Jersey Law Against Discrimination.
 3 Drug and alcohol is a huge problem in this State and
 4 this country and as a result the federal and state
 5 legislative schemes have recognized that these patients
 6 are protected and should be treated accordingly.

7 The failure to consider RCA's facility as a
 8 permitted use, in RCA's belief, would constitute
 9 discrimination under the New Jersey Law Against
 10 Discrimination, the Fair Housing Act, because it says
 11 it shall be an unlawful discrimination for a
 12 municipality to exercise the power to regulate land use
 13 or housing in a manner that discriminates on the basis
 14 of disability.

15 More particularly under that particular
 16 statute and because the facility has the same or
 17 similar uses as a long-term care facility the failure
 18 to approve this as a permitted use constitutes unlawful
 19 discrimination against disabled persons that is
 20 prohibited and entitles a potential applicant to
 21 damages.

22 In addition, the Federal Fair Housing Act
 23 defines discrimination to include a refusal to make
 24 reasonable accommodations in rules, policies, practice
 25 or services when such are necessary to provide access

Colloquy

16

1 to housing for the disabled. The failure to recognize
 2 this proposed facility as a permitted use is in essence
 3 a refusal to make reasonable accommodations in such
 4 rules, policies, practices and services. You may ask
 5 well what is reasonable accommodation? The Federal
 6 Fair Housing Act defines discrimination to include a
 7 refusal to make reasonable accommodations in rules,
 8 policies, and practices and services when such
 9 accommodations are necessary to provide access to
 10 housing for the disabled.

11 Also, as I mentioned the American
 12 Disabilities -- the American With Disabilities Act
 13 otherwise known as ADA provides that no qualified
 14 individual with a disability shall, by reason of such
 15 disability, be excluded from participation in or denied
 16 the benefits of a service program or activity of a
 17 public entity or be subjected to discrimination by such
 18 entity and makes it unlawful for a public entity in
 19 determining the size or location of facility to make
 20 selections that have the purpose or effect of excluding
 21 individuals with disabilities from denying them the
 22 benefits of or otherwise subjecting them to
 23 discrimination.

24 The New Jersey Law Against Discrimination
 25 also prohibits a municipality, county or other local

Colloquy

17

1 civil or political subdivision of the State or officer,
 2 employer, agent thereof to exercise the power to
 3 regulate land use or housing in a matter that
 4 discriminates on the basis of disability.

5 Based upon that sort of detailed analysis the
 6 failure to consider this proposed facility as a
 7 permitted use would constitute, in our belief,
 8 discrimination under the New Jersey Law Against
 9 Discrimination under the Fair Housing Act, as I said,
 10 because this would be unlawful discrimination for a
 11 municipality to exercise the power to regulate land use
 12 or housing in a matter that discriminates on the basis
 13 of disability. And because the proposed facility has
 14 the same or similar uses as a long-term care facility
 15 RCA espouses that the failure to approve this as a
 16 permitted use constitutes unlawful discrimination
 17 against disabled persons that is prohibited and
 18 entitles them to potential damages and attorney's fees.

19 Based on that opening and presentation RCA
 20 would ask this Board to ultimately reverse the zoning
 21 board's -- the zoning officer's determination and site
 22 this as a permitted use in the zone.

23 That's my opening and I don't have any
 24 further facts or legal issues to present. And if the
 25 Board doesn't have any questions we can present our

Colloquy

18

1 first witness.

2 MR. SACHS: Mr. Chairman, I have one question
3 and a general comment. First of all Mr. Himelman, the
4 question I have is you referenced a case in Gloucester
5 Township -- was it Gloucester Township?

6 MR. HIMELMAN: Correct.

7 MR. SACHS: Okay. I would assume in that
8 case that was a lawsuit that emanated from a decision
9 by the Gloucester City Zoning Board to deny a use
10 variance application?

11 MR. HIMELMAN: There were several proceedings
12 I believe both involving the planning and zoning boards
13 in Gloucester Township. But that is correct. Yes.

14 MR. SACHS: All right. So it went to the
15 merits of a development application.

16 MR. HIMELMAN: It went to the merits of a
17 development application, but it also dealt with the
18 various federal and state discrimination laws --

19 MR. SACHS: I understand.

20 MR. HIMELMAN: -- that I -- but generally
21 that's correct.

22 MR. SACHS: All right. Because we know in
23 New Jersey law obviously if someone's going to file a
24 prerogative writ on a denial of a use variance
25 application you certainly have recourse to go to

Colloquy

19

1 Federal Court as well if you feel.

2 MR. HIMELMAN: That's correct.

3 MR. SACHS: Okay. And my second comment is I
4 appreciate Mr. Himelman's education on the law,
5 however, Mr. Himelman is not a witness in this matter
6 in my opinion, and I think he's done a good job of it.
7 He's provided testimony on behalf of his client.
8 However, it's not evidentiary. So, yes, it's for
9 educational purposes, but any of his comments that were
10 made on the record in that opening statement are a) not
11 evidentiary, and Mr. Himelman is not a witness, and we
12 will hear from his witnesses and that's what you will
13 base your decision on. Thank you.

14 MR. HIMELMAN: Thank you very much. Does the
15 Board have any other questions or comments before we
16 proceed?

17 MR. SACHS: Actually I think what we want to
18 do is Mr. Mashanski maybe if you can just give me a
19 minute and just --

20 MR. MASHANSKI: Certainly.

21 MR. SACHS: -- explain the genesis of the
22 filing of the application for a permit and just give us
23 the scenario as to your decision resulting in this
24 appeal.

25 MR. MASHANSKI: Yes. As you know Mr.

Colloquy

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1 Himelman came in --

2 MR. SACHS: Mr. Mashanski -- just for the
3 record Mr. Mashanski -- Andrew Mashanski is a zoning
4 officer of the Borough of Sayreville.

5 MR. MASHANSKI: Yes. I think Mr. Himelman
6 has summed up that this location 901 Ernston Road has
7 been a long-term healthcare facility, a nursing home
8 for quite some time and it's reached planning board
9 site plan approval to rebuild the area. So we know
10 this area very well. We know it to be as long-term
11 nursing care facility.

12 Shortly thereafter Mr. Himelman came in with
13 a different kind of use, in my mind, although he does
14 describe the uses are quite similar and comports with
15 exactly what our definition falls under long-term
16 facility. In his description I have to say that there
17 are a lot of similarities, but as we know and envision
18 901 Ernston Road, Briarwood as we know it, I do not see
19 that there are similarities in complete. There are
20 some disparities that I would say that it does not
21 jive.

22 One of them, just going by the definition as
23 we know and he did mention it earlier it starts out
24 with long-term facility nursing home needs. Well, we
25 know a nursing home and what it involves. The

Colloquy

21

1 ambiance, the nature of it, it deals with the elderly.
2 It's a 24 hour facility, yes, there's nurses and
3 doctors.

4 But one thing really does stick out with --
5 that has disparity between the two uses and Mr.
6 Himelman does try to define it and try to separate and
7 then bring it back to a similarity and it falls under
8 the level -- the actual age. And the -- it states it
9 is for those older adults who need health supervision.
10 That's a key word, older adults. Mr. Himelman will say
11 that it's -- there's no definition of it. Well, you
12 don't need a definition. And just because there is no
13 definition doesn't mean that you exempt it and don't
14 include it and you cannot compare. It's up to the
15 Board to decide what is considered older adults. His
16 use deals with all ages. And older adults as we know
17 it as 901 Briarwood, that deals with mom and dad,
18 grandpa, and it's different.

19 Now there might be case law, I can't get
20 involved with that, that's not my expertise, but the
21 best way to summarize it would be is Mr. Himelman will
22 say everything jives, it comports, it walks like a
23 duck, it swims like a duck, it flies like a duck, must
24 be a duck. Well, it might be a goose. They all do the
25 same thing. And a goose is not a duck. So that's how

Colloquy

22

1 I kind of looked at it just to keep it in my mind. But
 2 ultimately it's up to the Board to decide is this the
 3 same thing. All right. That's it.

4 MR. SACHS: Thank you, Mr. Mashanski.

5 MR. HENRY: Mr. Chairman, can I get one --
 6 ask our lawyer here for a clarification. Is the
 7 question here is then the age of the people that are
 8 going to be using the facility?

9 MR. SACHS: No. The question is -- I mean,
 10 that's obviously what the definition in our ordinance
 11 talks about what a long-term facility is or a nursing
 12 home is. But your determination based after you hear
 13 the testimony and the evidence from Mr. Himelman's
 14 witnesses and not from Mr. Himelman, but from Mr.
 15 Himelman's witnesses whether or not Mr. Mashanski's
 16 decision not to grant the zoning permit was not
 17 arbitrary, capricious, and unreasonable. That's the
 18 standard.

19 I mean, the zoning officer in every
 20 municipality in the State of New Jersey has the
 21 authority to issue a zoning permit. If after
 22 investigating a particular application determines that
 23 the use is the same use. If it is a different use, if
 24 it a different use by a scintilla then it's not the
 25 same use. All right. So you'll hear the testimony and

Colloquy

23

1 you'll make a decision based on that. I mean, I have a
 2 number of questions which I'll reserve to ask because
 3 I'm curious. But we'll proceed forward.

4 MR. HIMELMAN: Thank you. Any other
 5 questions?

6 (No audible response)

7 MR. HIMELMAN: Okay. Great. David. As I
 8 indicated our first witness is David Dorschu on behalf
 9 -- and he'll be testifying on behalf of Recovery
 10 Centers of America. And I guess we should have Mr.
 11 Dorschu sworn in.

12 D A V I D D O R S C H U, WITNESS, SWORN

13 MR. SACHS: Please state your name, spelling
 14 your last name, professional affiliation for the
 15 record.

16 THE WITNESS: My name is David Dorschu and
 17 I'm the CEO of --

18 MR. SACHS: Can you spell your last name,
 19 sir?

20 THE WITNESS: D as in David -o-r-s-c-h-u.
 21 I'm employed by Recovery Centers of America. I'm the
 22 Chief Executive Officer of one of the RCA facilities
 23 which is located in Mays Landing, New Jersey, Atlantic
 24 County.

25 MR. SACHS: Okay. Thank you. What was the

Dorschu - Direct/Himelman

24

1 spelling again Mr. Dorschu? It was D-o-r --

2 THE WITNESS: s-c --

3 MR. SACHS: -- s-c --

4 THE WITNESS: -- h-u.

5 MR. SACHS: Got you. Thank you.

6 MR. HIMELMAN: We'll have to share a mic.

7 MR. SACHS: Okay. Does the other one work?

8 Hold on. Maybe it's working now. It's temperamental.

9 MR. HIMELMAN: Don't worry about it. I'll
10 speak loudly.

11 DIRECT EXAMINATION BY MR. HIMELMAN:

12 Q Mr. Dorschu, good evening. You've indicated
13 whom you're currently employed. Can you just give a
14 brief background of what your current responsibilities
15 are. And I'm going to use RCA for the record. Just so
16 it's clear I'm referring to Recovery Centers of
17 America.

18 A Yes. Good evening, ladies and gentlemen of the
19 Board. I appreciate the opportunity to present
20 tonight. My name is David Dorschu. And as I said I'm
21 the Chief Executive Officer of the Lighthouse. The
22 Lighthouse is an RCA facility located in Mays Landing,
23 New Jersey. So my responsibilities include financial
24 performance, include maintaining licensure and
25 compliance issues, that type of thing.

Dorschu - Direct/Himelman

25

1 Q And to your knowledge how many facilities
2 does RCA own, and/or manage?

3 A Currently we own and manage eight facilities.

4 Q Okay. Very good. Now just turning
5 specifically to the RCA services could you describe the
6 general treatment options which RCA intends to provide
7 to its patients at the proposed facility here in
8 Sayreville?

9 A Yes. There will be a total of five what we refer
10 to as clinical levels of care as defined by the
11 American Society of Addiction Medicine. And those
12 levels of care are detoxification services, residential
13 services, partial care, intensive out-patient and
14 general out-patient services.

15 Q Now have you had an opportunity to review the
16 -- or have a general working knowledge of the prior
17 approval that Mr. Mashanski was referring to --

18 A Yes, I do.

19 Q -- at the current property?

20 A Uh-huh.

21 Q And what's your understanding of that prior
22 approval?

23 A Well, my understanding is that for a long-term
24 nursing care facility as was stated earlier is defined
25 as offering medical and nursing services on a 24 hour a

Dorschu - Direct/Himelman

26

1 day basis which is what our facility in Mays Landing
2 does and what the proposed facility here in Sayreville
3 will do.

4 Q Very good. Now we've brought some exhibits
5 with us this evening, is that correct?

6 A Yes.

7 MR. HIMELMAN: And one exhibit, Mr. Sachs, I
8 guess we can mark this --

9 MR. SACHS: As A-1?

10 MR. HIMELMAN: -- as A-1.

11 Q Can you initial that? Mark it A-1 and just
12 initial that with your initials and put today's date on
13 it. Okay. And for the record could you please
14 identify -- and we also have handouts for the Board
15 members I believe of this exhibit. Do we have those?
16 Here we go. Joe, you want to circulate these? While
17 we're --

18 UNIDENTIFIED SPEAKER: If you want to use
19 this --

20 MR. HIMELMAN: Oh, that's fine. We'll rent
21 it free.

22 UNIDENTIFIED SPEAKER: No charge.

23 MR. HIMELMAN: You'll be able to see --
24 members of the Board you'll be able to see this and
25 hopefully as you look at your handout.

Dorschu - Direct/Himelman

27

1 Q So Mr. Dorschu just for the record if you
2 could identify what's now been marked as A-1. If you
3 could just identify what that is and then we'll get
4 into some questions.

5 A Sure. This is the rehabilitation services
6 approved use for Briarwood and the proposed use for
7 Recovery Centers of America at the 901 Ernston Road
8 site.

9 Q So this is basically as I understand it, and
10 you correct me if I'm wrong, it's a comparison between
11 the prior approved use by the planning board of
12 Briarwood for a nursing facility breaking down
13 services, quality of life, mission operations and
14 clinical staffing and comparing that to the same
15 proposed use that RCA will look to operate at the 901
16 Ernston Road location, is that correct?

17 A That is correct.

18 Q So if you could just walk us through sort of
19 the highlights of A-1 and illustrate for us the various
20 services and other items that we will perform -- when I
21 say we RCA and Briarwood -- and what your understanding
22 of that comparison is.

23 A Sure. I'll hit on some highlights. Under the
24 services section 24 hour skilled nursing care is the
25 first listing. In our facility we have both registered

Dorschu - Direct/Himelman

28

1 nurses and licensed practical nurses that are at the
2 facility 24 hours a day. So we have 24 hour a day
3 coverage of nursing care. We also have intra
4 disciplinary care planning which means both from a
5 medical perspective as well as from a clinical
6 perspective. The care planning also includes aftercare
7 planning for when clients are leaving the facility and
8 being discharged.

9 We have seven days a week therapy. We have
10 therapy groups. We have educational groups. We have
11 family groups. We also have adjunctive therapy such as
12 art therapy, music therapy, fitness, that type of
13 thing. Health management including management of
14 chronic illnesses, we have a registered dietitian. We
15 have extensive medical care through medical director,
16 physicians, psychiatrists, nurse practitioners and
17 psychiatric nurse practitioners as well.

18 We also do diagnostic lab work as well.
19 Moving down to quality of life we provide semi-private
20 accommodations. In my facility all of our rooms have
21 only two beds and we have one single -- and we have one
22 room with a single bed. We have -- our meals are
23 provided and we receive excellent patient satisfaction
24 scores on our meals. So the food that we provide is
25 very pleasing and satisfying to the clients and we pay

Dorschu - Direct/Himelman

29

1 attention to those satisfaction surveys very closely.
2 Laundry services, phone services. We offer religious
3 or spiritual services for various denominations that
4 are able to explore the spiritual aspect of their
5 recovery. So we offer that as well.

6 Mission of operations, to improve the health
7 and well-being for our residents. The mission of
8 Recovery Centers of America is to help one million
9 people gain long lasting and meaningful recovery. And
10 that is a very compelling mission, but, you know, that
11 is what we are striving for as a company. That is what
12 we strive for everyday in the facility in Mays Landing
13 and will also occur in Sayreville as well.

14 As far as our staffing we have, as I
15 mentioned, physicians, we have a medical director who
16 is certified in addiction medicine, we have
17 psychiatrists, we have nurse practitioners. As I
18 mentioned we have both registered nurses and licensed
19 practical nurses. We have licensed social workers, we
20 have licensed counselors on staff as well as recovery
21 support staff, administrative staff, et cetera. As I
22 said we have licensed nursing staff, on-staff
23 physicians, we have social service professionals which
24 assist the clients in what we refer to as our case
25 management duties of ensuring that the clients when

Dorschu - Direct/Himelman

30

1 they're discharged from our facility are discharged to
2 an appropriate, you know, clinical setting as they step
3 down in levels of care and experienced administrative
4 professionals.

5 So everything on this list as Mr. Himelman
6 had indicated for Briarwood -- for approved use for
7 Briarwood is also consistent with number one, the
8 proposed use at Ernston Road but also currently what we
9 do in my facility in Mays Landing.

10 Q So what conclusions do you draw from this
11 particular exhibit, and what is it that -- what idea do
12 you want to convey to the Board on that exhibit?

13 A What I want to convey to the Board is that the
14 approved use is very consistent and actually identical
15 with what -- with the proposed use that would occur
16 through Recovery Centers of America.

17 Q Thank you. Now you've heard and you've had
18 -- I presume had an opportunity to look at the
19 Sayreville ordinance that both myself and Mr. Mashanski
20 was referring to, correct?

21 A Yes.

22 Q Okay. Let me just finish my question before
23 you -- because I want you to pick up on the tape
24 correctly. Now based upon the definition that I
25 described and went through under long-term care

Dorschu - Direct/Himelman

31

1 facilities and a nursing home facilities as Mr.
2 Mashanski referred to, do you believe that the uses and
3 the various programs and staffing that the ordinance
4 was intended to cover would be included both for the
5 approved use of Briarwood and for the proposed RCA use?

6 A I do. The services that we offer, the staffing
7 levels that we maintain, we are licensed by the New
8 Jersey Office of Licensing, so the services that we
9 offer, the staffing that we maintain, the fact that we
10 are a 24 hour a day facility to me is consistent with
11 the approved use of Briarwood.

12 Q And as you've indicated both the approved use
13 of Briarwood and the proposed use of RCA will operate
14 on a 24 hour basis, correct?

15 A Yes. Twenty-four hours a day, seven days a week.

16 Q Okay. Thank you. Now in your position in
17 your -- now how long have you worked in the industry?

18 A I've worked in the industry for 22 years post-
19 graduate. I've worked for RCA for 13 months, since
20 August of 2016.

21 Q Now as to your understanding are the patients
22 both at Mays Landing facility and what will reside at
23 the proposed use here in Sayreville, are those patients
24 protected or considered handicapped or disabled --

25 A Yes.

Dorschu - Direct/Himelman

32

1 Q -- under federal and state law?

2 A Under federal and state law they are protected
3 under the ADA as was mentioned earlier.

4 Q So turning to the proposed RCA facility
5 you're generally familiar with the site and the
6 proposed project, is that correct?

7 A I am.

8 Q What is the range of size of facilities that
9 you have worked at previously?

10 A Well, the facility that I currently work at is a
11 total of 53 beds and we're expanding to 135 beds. I
12 have also worked in facilities that totaled 110 beds
13 and 132 beds.

14 Q And how many beds are proposed for the RCA
15 facility here?

16 A The RCA facility here proposed number of beds is
17 149.

18 Q One hundred forty-nine. Okay. Now what does
19 that mean in terms of the number of patients?

20 A Well, if we're projecting 90 percent capacity then
21 we're looking at about 134, 135 patients.

22 Q Now just for to educate the Board can you --
23 I mean I know you went through the services and
24 described them and compared them to the approved use,
25 but can you sort of give us a flavor of the care that

Dorschu - Direct/Himelman

33

1 the patients receive and how that is generally handled?

2 A Sure. When a patient is admitted into our
3 facility then they go through a thorough
4 biopsychosocial assessment to assess again what we
5 refer to as appropriate level of care. They go through
6 a clinical assessment and admission assessment as well
7 as a nursing and medical assessment. So it is assessed
8 what level of care would be appropriate for them.

9 In a detoxification level of care they are
10 receiving medical care as they go through the
11 detoxification process. The detoxification process
12 usually lasts an average of about seven days. During
13 that time they are receiving medications for the
14 detoxification protocol, they are attending group
15 sessions, they are attending education sessions as well
16 as individual therapy. As they step down to the
17 residential level of care they are also receiving group
18 services, they're also receiving family services. We
19 have a very robust family program because research
20 indicates the more the families are involved in the
21 treatment process that that projects to more favorable
22 treatment outcomes.

23 So I also mentioned that we have adjunctive
24 therapy such as art therapy, music therapy, we offer
25 spiritual services. So between groups, education, and

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34

1 individual therapy that's what the services that we
2 offer to the client.

3 We also work very hard to make sure as I
4 mentioned when the clients are discharged, prior to
5 their discharge that they have been set up with
6 appropriate continuing care. When they leave our
7 facility where are they going, what level of care are
8 they going into? And that includes not only treatment
9 services but also if the need exists sober living
10 services as well. Living in a sober living or what is
11 also referred to as a recovery house, because that is a
12 need that some of the clients have.

13 Q Now you talked a little bit in the beginning
14 of your testimony about some of the levels of care and
15 you mentioned detoxification program. Can you just
16 basically describe a little bit what that is
17 particularly from the transition from when the patient
18 is an in-patient and then when they leave and then come
19 back as an out-patient. If you could sort of describe
20 that and how that works.

21 A Sure. Most of -- at Lighthouse where I work about
22 99 percent of our clients actually enter into our
23 facility in a detox level of care and then step down to
24 a residential level of care. And after the residential
25 level of care, after that time is exhausted then

Dorschu - Direct/Himelman

35

1 clients are stepping down to either a partial level of
2 care or an intensive out-patient level of care. When
3 you hit partial level of care or intensive out-patient
4 then they're not staying in your facility any more 24
5 hours a day.

6 At the detoxification level and at the
7 residential level they are staying in your facility.
8 As they are discharged they're stepping down to either
9 a partial level of care or intensive out-patient level
10 of care. So as you progress through the treatment
11 process each subsequent level of care is decreasing in
12 treatment intensity.

13 Q Now you mentioned a little bit about some of
14 the staffing and you know the definition under the
15 Sayreville code talks about under long-term care
16 facilities it talks about registered nurses, licensed
17 practical nurses, et cetera. Can you describe the
18 staff that will provide the care at the proposed
19 facility?

20 A We have different disciplines within our facility
21 and what will be at this facility as well. As I
22 mentioned we have full medical services which are
23 provided by physicians. As I mentioned both
24 psychiatrist, physicians, nurse practitioners. All
25 certified by the state. We also have nursing staff, we

Dorschu - Direct/Himelman

36

1 have a director of nursing and we have registered
 2 nurses as well as LPNs that are also serving the
 3 clients.

4 It should be noted that our staffing patterns
 5 at RCA actually exceed the state regulations because we
 6 want to provide the best care possible so the
 7 regulations say you're staffing at that level, but we
 8 actually staff higher than that. We also have primary
 9 therapists who are clinically trained and our primary
 10 therapists are masters level clinicians or above and
 11 most of them are licensed by the state as well as what
 12 we refer to as LCADCs.

13 We have recovery support specialists and
 14 their job is to provide education to the clients as
 15 well as what we refer to as milieu management. And
 16 that basically means making sure the clients are
 17 monitored, they're observed and they're where they need
 18 to be as far as in this group or seeing the doctor or
 19 having an individual session, that type of thing.

20 We also have a family therapist who is a
 21 licensed marriage and family therapist. Again our
 22 family program is really foundational to the treatment
 23 philosophy that we have. We also have drivers. We
 24 provide transportation for clients. We have
 25 administrative staff. We have an entire admissions

Dorschu - Direct/Himelman

37

1 department whose single job is to work with the client
 2 when they come in the door for admission.

3 We also have utilization review staff which
 4 is the interface between the facility and the funding
 5 source. So those are the primary, you know,
 6 disciplines that we have from a staffing standpoint.

7 Q So is it fair to say, again, going back to
 8 Exhibit A-1, so we're talking about nurses who are
 9 licensed, therapists, physicians, et cetera, those
 10 particular professionals would be, in your view, be
 11 within a nursing home as we understand that and as Mr.
 12 Mashanski referred to in the ordinance versus what is
 13 proposed here. Is that a fair statement?

14 A Well, it's a fair statement to say that it does
 15 equal or meet the approved use currently at my facility
 16 in Mays Landing but then also for the proposed use on
 17 Ernston Road.

18 Q Okay. Thank you very much on that. If you
 19 could just give us a little information on what license
 20 and approvals the RCA facility will operate under.

21 A The RCA facility will operate under actually three
 22 different licenses, again, licensed by the New Jersey
 23 State Office of Licensing. You have a license to
 24 provide detoxification services, you have a license to
 25 provide long-term rehabilitation services which is the

Dorschu - Direct/Himelman

38

1 way the Office of License defines it, as well as
2 licenses for partial care, intensive out-patient, and
3 out-patient. So those are the licenses that we're
4 dealing with. We are inspected by the State on an
5 annual basis.

6 Q And the license that would be required for
7 the Briarwood facility would be also approved and be
8 sought from the State of New Jersey?

9 A What would be sought from the State of New Jersey
10 would be through the Office of Licensing. Yes.

11 Q And that would apply both for the approved
12 use and the proposed use, correct? Now we talked a
13 little bit about this, but if you could just educate us
14 on -- are all the patients at the proposed use going to
15 be residential?

16 A No. At the proposed use -- at the proposed use
17 site probably about 85 percent of the patients will be
18 what we refer to as residential which is the highest
19 two levels of care, detoxification and residential.
20 And then approximately 15 percent of those clients will
21 be what we refer to as under the umbrella of out-
22 patient which again includes partial care intensive
23 out-patient and out-patient. So approximately 85
24 percent will be living there and 15 percent will be
25 coming for their treatment and then going home at

Dorschu - Direct/Himelman

39

1 night.

2 Q Thank you. Now if you could tell us what
3 percentage of the staff is used for the out-patient
4 compared to the residential treatment, please.

5 A The out-patient staff at my facility is about five
6 percent of my total number of employees. And that
7 would be projected to be similar at the proposed site.

8 Q Now do the out-patient and residential
9 patients interact at all?

10 A They do not. Programmatically they are kept
11 separate and physically separated. So your detoxing
12 residential patients are not interacting with the out-
13 patient folks.

14 Q Now is the family counseling part of the
15 residential care and out-patient treatment?

16 A Yes. As I said we have a strong component of our
17 treatment offerings is family therapy. And we do that
18 in a number of different ways. We have, as I said, a
19 licensed marriage and family therapist who provides
20 family counseling which is so important in the
21 treatment process. So that could be a husband is in
22 treatment and the wife is coming for family counseling
23 or in that context couples counseling. It could be a
24 sister, a mother, a father, it could be children that
25 are coming for a family therapy.

Dorschu - Direct/Himelman

40

1 But we also have a wide range of family
2 education options that we offer to families if in
3 conjunction with family therapy, but just to learn more
4 about what is addiction? How do we get there? How
5 does the family member react to the person who's
6 getting treatment, appropriate boundaries, that type of
7 thing. If you have a loved one who's ever struggled
8 with addiction it is a very scary and painful
9 experience to go through. And so the better that the
10 family is educated on the disease concept, the
11 addiction process and what treatment is all about and
12 the goals and objectives of treatment then the outcomes
13 have proven to be more improved. So that's a very
14 important part of not only the folks who are in-
15 patients, but also the folks that are out-patients as
16 well.

17 I was speaking to a client yesterday who had
18 a family session with her father and this young woman
19 is in her early 20s and she said I was literally crying
20 through my family session because my father -- it was
21 explained to my father what addiction was about, that I
22 wasn't a bad person, that I wasn't a moral failure and
23 he apologized to me and it really helped to reconcile
24 our relationship and now he's firmly in my corner and
25 really behind my recovery. And that's something that's

Dorschu - Direct/Himelman

41

1 very rewarding as a treatment provider to be able to
2 share.

3 Q Thank you for that explanation. Now you
4 mentioned about family visits. Could you expound upon
5 that and what do they entail?

6 A Family visits occur on Saturdays and Sundays. And
7 actually what we do is people come in and they are
8 oriented to the facility where they will be meeting
9 with their family member. There is a limit to the
10 number of family members that are allowed to come to
11 visit their loved one in the facility. And that occurs
12 on Saturdays and Sundays. It's really important that
13 the patient feel like they're still connected to their
14 family, you know, and someone still cares about them
15 and is in their corner. So that occurs on Saturdays
16 and Sundays.

17 Q Now you mentioned a little bit about the
18 residential treatment and the outpatient treatment.
19 But if you can give us sort of an overview. You know,
20 how does RCA and how will they get their patients and
21 how are they referred to the facility, generally?

22 A RCA has different advertising means. We do radio
23 advertising, television advertising, we speak at
24 different professional symposiums and make
25 presentations, we have a business development

Dorschu - Direct/Himelman

42

1 department that also visits with, you know, hospitals
2 and different treatment providers in order to -- that's
3 how we acquire our clients. Some of our clients are
4 alumni. They've been through our program before and
5 they're coming back again. So we have, you know, many
6 ways in which our clients come to us.

7 Q Now do you limit, and will RCA limit the time
8 it receives new clients?

9 A It will not. We admit clients 24 hours a day,
10 seven days a week.

11 Q Now turning to sort of another topic how will
12 RCA and how does it currently at your facility screen
13 patients for safety and how is security managed?

14 A We have, as I mentioned, a series of very thorough
15 assessments that we go through with clients to make
16 sure that they're clinically appropriate to receive the
17 treatment that we're offering for them. So those
18 assessments include, as I mentioned, medical
19 assessments but also psychiatric assessments to make
20 sure that they're appropriate for our type of facility
21 and the type of treatment that we offer.

22 As far as security measures go we have very,
23 very few incidents ever. We are constantly monitoring
24 our clients, our staff, document and make rounds --
25 what we refer to as make rounds on our clients to make

Dorschu - Direct/Himelman

43

1 sure that they are where they need to be. We have
2 security cameras, we do review footage if the need
3 arises, but we have had very, very few instances of any
4 type of altercations between clients or anything like
5 that. We have to operate under the approach that
6 client safety is number one and we take that very
7 seriously.

8 Q Thank you for that. Now what if the patients
9 want to leave the facility, what is the protocol and
10 how is that handled?

11 A Well we have -- you can categorize the two
12 discharges into two types. In my facility the average
13 length of stay that someone is in both a detox and a
14 residential level of care is 17 days. That's the
15 average. But the two ways you would categorize
16 discharges would be successful discharges and that
17 means they've completed all of their treatment plan
18 care objectives and they've stayed a certain amount of
19 days in order to be discharged. And then as I said we
20 are then arranging for aftercare and continuing care
21 for them whether that be partial care IOP, whether that
22 be in one of our programs or another program if they're
23 going to an area where we don't have an out-patient
24 program.

25 We also have another type of discharge which

Dorschu - Direct/Himelman

44

1 we'll broadly label as non-routine discharge.
2 Sometimes folks leave before the team feels -- the
3 clinical team feels like it's appropriate for them to
4 leave. But we also attempt to set them up with
5 continuing care as well, because, you know, we want to
6 make sure that they land on their feet and they are
7 receiving the services that they need.

8 There are, as you all know, there are too
9 many people dying. New Jersey's overdose rate is three
10 times higher than the national average. This year more
11 people will overdose and die in New Jersey from drugs
12 than the number of people that will be killed through
13 motor vehicle accidents and gun violence combined.
14 It's over four people a day. So we want to make sure
15 that under whatever circumstances they're leaving our
16 facility that we are giving them a safe place to land
17 and doing our best to meet their needs.

18 Q Thank you for that explanation. Now turning
19 to just some -- a few operational questions, how many
20 employees are intended for the proposed facility, and
21 will there be shifts for those employees?

22 A The total number of employees at this point are
23 215. Now, the height of the busiest time and the
24 period of time when the most employees will be on the
25 campus we project to be about 115 employees and we do

Dorschu - Direct/Himelman

45

1 have three shifts, 7a to 3p, 3p to 11p, and 11p to 7a.

2 Q Will there be any amenities, and if so what
3 will be afforded at the proposed facility, if you could
4 just describe that for us?

5 A As I mentioned we offer art therapy, we offer
6 music therapy, we offer family therapy, we offer
7 fitness, we offer something I've just become familiar
8 with and I was unfamiliar with and that's Reiki. We
9 offer spiritual services. We offer a wide array of
10 services to best meet the needs of our clients because
11 one of the things that's really important from a
12 treatment perspective is not to treat every client, you
13 know, as everyone in the same way. Everyone needs
14 individualized treatment to best meet their needs and
15 to improve their chances of recovering.

16 Q Just circling back to A-1 and also
17 specifically about the definition that we referred to
18 earlier under the Sayreville code. So I just want to
19 ask you a few questions and then we can summarize your
20 testimony. But in referring to the definition, you
21 know, it talks about 24 hour direct medical nursing and
22 other health services. So that will be provided at the
23 proposed facility, correct?

24 A It will be provided. It's being provided now at
25 our other facilities, and it will be at the proposed

Dorschu - Direct/Himelman

46

1 facility.

2 Q And when the ordinance definition refers to
3 registered nurses and practical nurses and resident
4 physicians they will all be staffed at the proposed
5 facility as they would be in the approved Briarwood,
6 correct?

7 A Correct.

8 Q And the health -- the overall healthcare
9 facility this is not a hospital, correct?

10 A It's not a hospital.

11 Q Right. And it's under medical supervision.

12 A It is.

13 Q And it includes -- it will include as you've
14 indicated at the RCA facility will include a variety of
15 rehabilitation services, correct?

16 A A wide array of rehabilitative services. Yes.

17 Q Okay. Fine. Mr. Dorschu, do you have
18 anything else you'd like to add or any other points
19 you'd like to make about your testimony or any of the
20 questions that I've asked and your responses, or are
21 you comfortable with what you've presented?

22 A I'd just like to say that our mission is to save
23 lives and that's what we're doing, and we, you know, we
24 need assistance in being able to do that.

25 I've been in the field as I mentioned for 22

Dorschu - Direct/Himelman

47

1 years. And when I got into the field you still had
2 some of your old guard substance abuse treatment people
3 who felt like you had to beat down the clients and make
4 them feel really badly about themselves and heap more
5 shame on them and then build them back up.

6 Well, what we've learned from research is
7 that that's exactly the opposite tact that we should
8 take. People come into my facility and they are broken
9 and they are desperate and they need help. And there
10 is nothing more rewarding than when we have somebody
11 come back to our facility after they've been discharged
12 and they say if have 90 days clean or we have a year
13 clean.

14 You know, we're bringing families back
15 together. We're allowing people to be re-engaged with
16 their destinies and that's why it's such a privilege to
17 do what we do and to work with a population of people
18 that we work with. And I want to thank you for your
19 time tonight.

20 MR. HIMELMAN: Thank you very much. Does any
21 of the Board or any of your professionals have any
22 questions?

23 MR. SACHS: Yes. I have a few questions for
24 Mr. Dorschu.

25 CROSS EXAMINATION

1 BY MR. SACHS:

2 Q Mr. Dorschu, looking at A-1 which is the, I
3 guess the comparison chart, your mission of operations
4 it says here to improve the health and well-being for
5 our residents. Where does that come from?

6 A Where does that come from? That comes from our
7 clinical -- what's referred to as our clinical plan of
8 service that has been developed by the company.

9 Q And you're claiming that that's the same
10 mission that was for the approved use for Briarwood?

11 A Yes.

12 Q Okay. Because, correct me if I'm wrong, but
13 I guess the mission statement for Recovery Centers of
14 America, and again tell me if I'm misinterpreting this
15 states that the Recovery Centers of America's mission
16 is to save a million lives one neighborhood at a time
17 creating treatment for addiction and mental health
18 disorders that is as affordable and accessible as the
19 treatment for other diseases. We strive to ensure that
20 every patient receives the higher standard of clinical
21 addiction treatment close to where they live and work.

22 A Yes.

23 Q Okay. So that's your mission statement.

24 A Uh-huh.

25 Q That's not the mission statement of Briarwood

1 is it?

2 A I don't believe it's the mission statement of
3 Briarwood particularly. No.

4 Q In fact, it wouldn't be, because --

5 A Right.

6 Q -- Briarwood was not --

7 A It's not.

8 Q -- Briarwood -- the nursing home at Briarwood
9 would not be -- in fact I don't even think they would
10 be treating any addiction or rehabilitation -- any
11 addiction services because that's not what they're
12 geared for, that's not what they're planned for,
13 correct?

14 A Uh-huh.

15 Q All right. I'd also ask you a question about
16 the out-patient services because I think you testified
17 that 15 percent of your services are out-patient
18 services. So tell me what the out-patient services
19 entail, how many out-patients would be treated on a
20 daily basis, because I'm assuming they'd be treated on
21 a daily basis, is that correct?

22 A It depends on the level of care.

23 Q Okay.

24 A So I mentioned under the out-patient services
25 umbrella I mentioned three levels of care. The first

Dorschu - Cross/Sachs

50

1 is partial care. That is five days a week, Monday
2 through Friday and that is for six hours a day. So the
3 answer to your question for partial level of care is
4 yes, they're there everyday five days a week. As they
5 progress through the treatment continuum they're
6 stepping down then to intensive out-patient.

7 Intensive out-patient includes a total of ten
8 hours of treatment per week which is three, three hour
9 groups, let's say Monday, Wednesday, Friday and then
10 one individual session which makes that tenth hour.
11 Then they're progressing down to what the State refers
12 to as general out-patient.

13 General out-patient is our groups either
14 twice or one time a week and they're about an hour and
15 a half. So you're down then to about, you know, one
16 and a half to three hours a week. Again, as you
17 progress through the treatment continuum and, you know,
18 you're going through -- you're meeting your treatment
19 care plan objectives then the intensity of your
20 treatment is decreasing as you move through it.

21 Q So at the first level of out-patient the most
22 partial -- the partial we're talking five days a week.
23 You could be coming five days a week?

24 A Yes.

25 Q Now do you happen to know the proposed

Dorschu - Cross/Sachs

51

1 operations of Briarwood under the Planning Board
2 approval from 2015?

3 A I do not.

4 Q Well, I happen to have been the planning
5 board attorney when that application was approved so
6 I'm familiar with it. If I were to tell you that there
7 were no out-patient services at the nursing home would
8 that surprise you?

9 A Probably --

10 Q Well, let's take it one step further. Do we
11 generally have out-patient services at a long-term care
12 facility or nursing home?

13 A I don't believe so.

14 Q Yes. In fact we know that when you go to a
15 nursing home or you go to a long-term care facility
16 you're usually there for some type of chronic disease,
17 chronic illness, Alzheimer's.

18 A Uh-huh.

19 Q In fact, again if you're not familiar with
20 this particular approval for Briarwood you -- do you
21 know for a fact whether or not there was an Alzheimer's
22 unit on that -- in that approval?

23 A In that approval I do not.

24 Q Okay. All right. In your other facilities,
25 and I know you just operate -- you're the executive

Dorschu - Cross/Sachs

52

1 director for the facility in Mays Landing, do you have
2 an oncology nurse who's on staff 24/7?

3 A We do not.

4 Q Okay. Do you have an orthopaedic's nurse
5 who's on staff 24/7? Do you have a dialysis unit
6 that's on -- I didn't think so. All right. And by the
7 way, I believe your -- and I was very impressed with
8 your presentation. I believe this is a service that's
9 much needed in the community and the State, but what
10 this Board has to concentrate on are the distinctions
11 between what your type of use is with what was approved
12 at this particular site.

13 All right. Let me just go back to A-1. Now,
14 again, these are all services that you've testified to,
15 you know, which are similar. By the way, these
16 services are all accessory services to the primary use
17 of your business which is for treatment for addiction.

18 A Correct.

19 Q But you've indicated on here 24 hour skilled
20 nursing care, intradisciplinary care planning, seven
21 days a week therapy, social services, psychiatry,
22 psychotherapy services, health management including
23 management of chronic illnesses, pain management and
24 diagnostic lab work.

25 All right. So those are services that you

Dorschu - Cross/Sachs

53

1 are providing. Your contention is those are the same
2 services that were being provided for Briarwood.
3 Aren't those the same services, by the way, that would
4 be offered by a large regional hospital?

5 A I would imagine. Yes.

6 Q Okay. I mean I think we could take judicial
7 notice of that fact. All right. Secondly, you have
8 quality of life. It states here private and semi-
9 private accommodations, comprehensive therapeutic
10 recreation program, nutrition meals and snacks,
11 beautician services, satellite TV and wi-fi phone
12 services, laundry services, resident managed
13 commissary, religious services for all denominations.

14 Again, would those be the same services that
15 might be offered by a large regional hospital located
16 within the State of New Jersey?

17 A Yes.

18 Q All right. And let's just go down to the
19 last section which is your clinical -- well, the
20 mission of operations I guess for a generic term I
21 guess every hospital is there to improve the health and
22 well-being of their patients certainly.

23 And then going to the clinical staffing you
24 have licensed therapists, professional cooks, licensed
25 nursing staff, on-staff physicians, social service

Colloquy

54

1 professionals and experienced administrative
2 professionals.

3 Again, I think you can concede that all of
4 those are services that would be attended to the
5 operation of a large regional hospital within the State
6 of New Jersey?

7 A Right.

8 MR. SACHS: Okay. All right. I don't have
9 anything further, Mr. Chairman.

10 MR. CHAIRMAN: I have some questions. Are
11 you going to have any teenagers involved in this?

12 THE WITNESS: We will not.

13 MR. CHAIRMAN: So a person 18 or older would
14 be admitted.

15 THE WITNESS: Correct.

16 MR. CHAIRMAN: Can anyone leave your facility
17 at anytime?

18 THE WITNESS: Yes.

19 MR. CHAIRMAN: So hypothetically speaking
20 someone at 11:00, 12:00 at night could just turn around
21 and say I've had enough and I want to leave and you
22 would let them go.

23 THE WITNESS: Yes. They're not -- it's not a
24 locked unit and they are free to go.

25 MR. CHAIRMAN: When they come to your

Colloquy

55

1 facility is it voluntary or is some of it mandated by a
2 court or a hospital psychiatrist or psychologist?

3 THE WITNESS: It is voluntary.

4 MR. CHAIRMAN: Voluntary.

5 THE WITNESS: Yes. Now, some of our clients
6 do have legal issues, but no judge is saying you have
7 to go to, as my example, Lighthouse for treatment and
8 you have to be there on Tuesday.

9 MR. CHAIRMAN: I have a few more questions,
10 but I'm going to yield to the Board to ask any
11 questions.

12 MR. HENRY: I have a couple here, if I may.
13 I guess this has more or less to do with the site plan
14 which I don't know if we should be going into, but it
15 seems as if you're talking about a lot of people coming
16 and going constantly there. And I know Briarwood when
17 they're up there they've always had a problem with
18 parking. Are you going to be, I guess, will this be
19 within the guidelines of our code for parking spaces,
20 too?

21 THE WITNESS: I defer to --

22 MR. HIMELMAN: As you know the original
23 approval for Briarwood did include a proposed parking
24 limitation. And it's my understanding that, and I
25 think Mr. Cornell can corroborate this, but my

Colloquy

56

1 understanding is that Briarwood has filed -- did file
 2 an application with the Planning Board to address that
 3 parking issue and that application was not heard by the
 4 Planning Board pending a review by this Board because
 5 we've also -- RCA's also filed an application for a use
 6 variance. So that issue that you've raised will be
 7 potentially heard if the use variance is prosecuted.

8 MR. SACHS: Let me just -- there really are
 9 no site plan considerations this evening, all right.
 10 So I wouldn't -- yeah, but if this -- if Mr.
 11 Mashanski's decision is sustained then the applicant
 12 has filed a use variance application where they will
 13 have to address site plan issues.

14 MR. HIMELMAN: That's correct.

15 MR. ESPOSITO: Can you -- Mays Landing, is it
 16 right?

17 THE WITNESS: Yes.

18 MR. ESPOSITO: Is it comparable in size?

19 THE WITNESS: Mays Landing is currently 53
 20 beds and so it's currently smaller than the proposed
 21 use.

22 MR. ESPOSITO: Right. You had how many? I'm
 23 sorry, I wrote it down.

24 THE WITNESS: One hundred forty-time. And it
 25 will be --

Colloquy

57

1 MR. ESPOSITO: So it's three times as big.
 2 Okay.

3 THE WITNESS: Then we have started
 4 construction expansion and at Mays Landing we'll be
 5 expanding to 135 beds.

6 MR. ESPOSITO: Okay. To Mr. Henry's point
 7 how many parking spaces do you currently have just in
 8 case we see it later on? I mean, is this really even
 9 feasible that we can accommodate 149 beds at this
 10 point?

11 THE WITNESS: Are you speaking for Mays
 12 Landing?

13 MR. ESPOSITO: Yes. For Mays Landing how
 14 many spots do you have available?

15 THE WITNESS: We have 70 parking spaces.

16 MR. ESPOSITO: And how many do we have at
 17 Briarwood, do we know?

18 UNIDENTIFIED SPEAKER: Mr. Chairman the
 19 approved site plan contained 92 parking spaces. The
 20 application that was submitted to the Board that Mr.
 21 Himelman referred to was looking to increase it to 130
 22 spaces. So they were looking to add more spaces.

23 THE WITNESS: Okay. So it looks like go.

24 UNIDENTIFIED SPEAKER: That has not been
 25 heard by the Planning Board.

Colloquy

58

1 THE WITNESS: No, of course. But it looks
2 like the plans are it looks like it'll accommodate the
3 amount of beds that they have if and when -- if it's
4 ever approved it looks like they'll be able to
5 accommodate.

6 MR. SACHS: Well, we would need to hear more
7 testimony on --

8 THE WITNESS: Of course. Yes.

9 MR. SACHS: -- staffing and, I mean, I'll
10 raise the issue now, I mean, you're going to have out-
11 patients coming to this facility as well in addition
12 to, you know, the in-patient residents. That's got to
13 be more fully vetted out as well.

14 THE WITNESS: May I add to that point?

15 MR. SACHS: Sure.

16 THE WITNESS: We provide transportation so
17 about one-third of our out-patients currently at Mays
18 Landing we pick them up and bring them. So from a
19 parking perspective, you know, that's very favorable.

20 MR. KUCZYNSKI: Mr. Chairman, I have a
21 question. Can you, sort of a question, just maybe a
22 little bit more information. Can you talk more about
23 the family services? What goes on there? What's kind
24 of happening, how often? That type of thing.

25 THE WITNESS: We offer a family orientation

Colloquy

59

1 program every Saturday and Sunday and currently at Mays
2 Landing on Monday night as well. So we are orienting
3 the families to as I mentioned why is addiction a
4 disease? What does treatment look like? What are
5 appropriate boundaries that you're supposed to have
6 with your loved one? Because the family members are
7 confused and scared and angry and mistrusting and have,
8 you know, been through the wringer. And so we're
9 attempting to educate them about the disease of
10 addiction and what treatment entails. So that is an
11 orientation.

12 We also offer a support group for families.
13 And that's for people whether they have loved ones in
14 your facility or not. Members of the community are
15 allowed to come as well just for family support. So
16 you might be familiar with Alcoholics Anonymous, you
17 might have heard that term, or Narcotics Anonymous.
18 There's also something called Alan-Non and Nara-Non
19 which is for family members of addicts.

20 We also offer, as I mentioned, family therapy
21 by a licensed marriage and family therapist. So it's a
22 wider, you know, array to meet the needs of the family
23 because addiction is a family disease. The person
24 leaving our facility is a lot of times returning home
25 and therefore the family needs to be educated on how to

Colloquy

60

1 deal with that.

2 MR. KUCZYNSKI: So these are regularly
3 scheduled or are they just ad hoc?

4 THE WITNESS: They are regularly scheduled.

5 MR. KUCZYNSKI: Okay. For about how long?

6 THE WITNESS: The orientations are actually
7 an hour and a half on Saturday and Sunday and about an
8 hour and a half on Monday night. Very comprehensive.

9 MR. KUCZYNSKI: And even for people that
10 their family member might not even be in the facility
11 yet? Is that possible or --

12 THE WITNESS: Family member might not be in
13 the facility yet. Family member might have been
14 discharged six months ago. We have a Monday night
15 support group and we have -- and I facilitated that a
16 couple Monday nights ago. And we have people who have
17 been going to that support group for literally six and
18 seven years. So obviously their loved one's still not
19 in treatment there, but they're receiving the support
20 that they need.

21 MR. KUCZYNSKI: Okay. And one other
22 question. I was just wondering you said that there was
23 no interaction between the out-patient and the in-
24 patient. Is there any reason for that or just not
25 practical or --

Colloquy

61

1 THE WITNESS: It's not practical. It's not
2 -- we have to establish appropriate boundaries. It's
3 not appropriate if someone steps down from our
4 residential unit --

5 MR. KUCZYNSKI: Do you want some water? Have
6 some water. You've been talking for a long time.

7 THE WITNESS: Thank you. From our
8 residential unit to our out-patient unit. And since
9 they're a different group or receive different
10 treatment it's advised that they are separate.

11 MR. KUCZYNSKI: Okay. Thank you.

12 UNIDENTIFIED SPEAKER: Mr. Dorschu, I just
13 have one followup from Mr. Kuczynski and I may have
14 been distracted and I didn't hear your answer. Did you
15 state that family members could still be going to this
16 site event though their loved one wasn't a patient in
17 the facility?

18 THE WITNESS: Correct.

19 UNIDENTIFIED SPEAKER: Okay. Thank you.

20 MR. HENRY: Mr. Chairman, just one last
21 question. You talk about pain management. Is that
22 something like for your back or what do you mean by
23 pain?

24 THE WITNESS: We know that four out of every
25 five heroin users start with opioid based

Colloquy

62

1 prescriptions. Prescription runs out, heroin is cheap
 2 and very readily available so many times you have
 3 people who are developing an addiction as a result of
 4 pain issues. So as I said our medical director at Mays
 5 Landing is certified in addiction medicine and works
 6 with people to manage the pain not using narcotics or
 7 opioid based pain killers.

8 MR. HENRY: So you could have someone who was
 9 in a car accident, something like that and they have a
 10 problem with their back. Instead of taking drugs to
 11 help that they would go to your facility and you would
 12 give them some other kind of prescription or some kind
 13 of other therapy?

14 THE WITNESS: Both. Yes. We see now, and I
 15 didn't see it so much ten, 15 years ago, but we seen
 16 now people let's say they're in their 40s who come into
 17 treatment and this becoming more and more common. I
 18 was in a work-related accident, I was in a car accident
 19 and I developed, you know, I had severe pain and
 20 developed this addiction. Never had addiction issues
 21 through high school, college years, 20s, but we're
 22 seeing more and more of that. So how do we manage that
 23 pain not using those opioid based pain killers?

24 MR. HENRY: Thank you.

25 UNIDENTIFIED SPEAKER: Mr. Dorschu, as a

Colloquy

63

1 followup to that question now. The criteria for
 2 admission into your facility however, would have to be
 3 that you have an addiction problem, is that correct?

4 THE WITNESS: Correct. Per our licensure.

5 UNIDENTIFIED SPEAKER: All right. Right. So
 6 therefore if Mr. Henry says if I just happen to have
 7 had back surgery and I'm in pain, but I don't have an
 8 addiction problem and I just need palliative care until
 9 I recover would I be coming to your facility?

10 THE WITNESS: No. Under our license you
 11 don't --

12 UNIDENTIFIED SPEAKER: I didn't think so.
 13 Right. Okay. Thank you.

14 THE WITNESS: However, if you have developed
 15 an addition --

16 MR. SACHS: Correct. Then I would come.

17 THE WITNESS: That's what we're working with.

18 MS. CATALLO: I also have a question. Mr.
 19 Green asked you about the facility being open 24/7,
 20 correct?

21 THE WITNESS: Yes.

22 MS. CATALLO: You also said the door is never
 23 locked.

24 THE WITNESS: Correct.

25 MS. CATALLO: So anybody can come in, anybody

Colloquy

64

1 can go out at any time. Is there any security to keep
2 people from coming in when they're not supposed to or
3 go out when they're not supposed to?

4 THE WITNESS: Yes. Our doors are locked as
5 far as people coming in, in the overnight shift. Okay.
6 We also have security cameras. Our employees have bar
7 coded badges to gain entrance into the building. Any
8 patient can walk -- anyone can walk out, but for
9 security reasons, you know, the doors are locked at
10 nine o'clock at night.

11 MS. CATALLO: Okay, so --

12 THE WITNESS: As far as anybody like coming
13 in at three o'clock in the morning.

14 MS. CATALLO: All right. But let's say even
15 during the day, you know, somebody decides I don't want
16 to be here anymore and they just want to walk out on
17 their own, I guess they can just walk out and nobody's
18 going to stop them.

19 THE WITNESS: Yes. But what we do is we
20 immediately -- well, we attempt to what we refer to as,
21 you know, try to keep them, encourage them to stay in
22 treatment. And we're very successful at that.

23 MS. CATALLO: But sometimes it doesn't work.

24 THE WITNESS: Sometimes it does not work.
25 Yes. And so what we do though procedurally is we

Colloquy

65

1 followup with those clients immediately to see do you
2 want to return to the facility? Can we maybe refer you
3 to another facility? Because we want to see them
4 remain in treatment.

5 MS. CATALLO: Okay. But let's say they walk
6 out and they just walk out into the street and they
7 walk out into a neighborhood somewhere and they're
8 wondering around. This person walked out and nobody
9 followed them or stopped them.

10 THE WITNESS: Well, we would attempt to stop
11 them.

12 MS. CATALLO: You would attempt.

13 THE WITNESS: Absolutely.

14 MS. CATALLO: Okay.

15 THE WITNESS: Absolutely.

16 MR. ESPOSITO: Can I followup on that a
17 little bit? Okay, so you have someone -- if someone
18 leaves I'm going to presume they're irate, they're
19 unhappy, they're pissed off, right, I don't want do
20 this any more and they leave. Do you alert the police
21 and say look, we've got someone wondering a nice
22 neighborhood, you know, there's some expensive homes
23 around there, you know, people don't want that. So
24 would you alert the police to say look, there's
25 somebody walking around?

Colloquy

66

1 THE WITNESS: We alert the police if we feel
2 like the client is in danger, you know, to do any type
3 of harm to themselves.

4 MR. ESPOSITO: So it's subjective.

5 THE WITNESS: Well, it's clinically assessed.
6 Yes.

7 MR. ESPOSITO: So if someone's mad wouldn't
8 that constitute look, he's possible -- he could
9 possibly, or she, possibly do some damage to someone,
10 the property, themselves, you know, walking around the
11 neighborhood?

12 THE WITNESS: Yes. And I can tell that in 13
13 months at Mays Landing that's never occurred.

14 MR. ESPOSITO: Never occurred.

15 THE WITNESS: I mean you can leave treatment
16 unfortunately prematurely, but that's never occurred.

17 MR. ESPOSITO: Okay. Thank you.

18 MR. HIMELMAN: Any other questions?

19 MR. EMMA: I have a --

20 MR. KREISMER: In a nursing home situations
21 there are occasions where events occur, things come up
22 that can't be handled in a nursing home. I don't know
23 if you have the same kinds of situations, but I'd like
24 to know what kind of situation would require outside
25 help or whatever and how often that occurs. And I

Colloquy

67

1 realize your facility is right now smaller than -- but
2 just to get an idea of what kind of things happen and
3 what the protocol is.

4 THE WITNESS: I'll put my answer into two
5 categories. One category is occasionally, and this is
6 not common, somebody might not be psychiatrically
7 appropriate for our facility so we will refer them to a
8 facility that can better meet their clinical needs.
9 Much more common though are folks with medical
10 situations that we're not in a position to manage. So
11 then we send them to the nearest hospital. As you can
12 imagine people who have, you know, many years of active
13 addiction beat their bodies up pretty well and it
14 really takes a toll on their health. So yes, there are
15 situations where we are referring out.

16 MR. KREISMER: Any idea what the number might
17 be on a quarter, half year, year?

18 THE WITNESS: Maybe a couple a week. Now,
19 many times they go to the hospital, they're medically
20 cleared at the hospital and then they come back. So if
21 they're leaving it doesn't mean they're leaving and not
22 returning necessarily.

23 MR. EMMA: I have a question.

24 MR. HIMELMAN: Any other questions?

25 MR. EMMA: Yes. It's to you, Larry.

Colloquy

68

1 MR. SACHS: Yes.

2 MR. EMMA: I just need some clarification on
3 what's being presented. I've got a good handle on the
4 services that you provide, and I don't want to over
5 simplify this, but what we're being asked is to, I
6 guess, differentiate between the services that were
7 presented to the Planning Board, because we don't have
8 any of that documentation, we weren't there, and then
9 how our zoning official is interpreting it, correct?

10 MR. SACHS: Well, no. What you're being
11 asked to interpret -- not to interpret -- you're being
12 asked to decide whether or not Mr. Mashanski's decision
13 not to issue a zoning permit to this applicant was the
14 correct decision. Now Mr. Mashanski's decision was
15 that this facility is not a long-term care or nursing
16 home facility which was the approval for this
17 particular use for the Briarwood site by the Planning
18 Board.

19 You've heard testimony and you'll have to
20 make your decision based on that.

21 MR. EMMA: Okay.

22 MR. HIMELMAN: And the only thing I would add
23 to Mr. Sachs is that I think, and I'll -- Mr. Mashanski
24 can correct me if he thinks that I'm wrong, but I think
25 he was relying also on the definition that we've been

Colloquy

69

1 referring to all evening on long-term care facility and
2 nursing care facilities. Included in that is a
3 description of services and treatment and staffing, et
4 cetera that we've been alluding to which is why we're
5 spending some time going over the RCA proposed use
6 versus what was previously approved. So that gives you
7 the context. But we're not asking the Board to go back
8 and look at conditions of the site plan from Briarwood.
9 We're basically saying that was a permitted -- that
10 particular approval was permitted as of right in the
11 prime zone. As of right. So we're demonstrating, we
12 hope, that the services between the two facilities are
13 the same. And that's why we're going through this
14 exercise.

15 UNIDENTIFIED SPEAKER: So right now there's
16 nobody there. It's barren.

17 MR. SACHS: Correct.

18 UNIDENTIFIED SPEAKER: Do we have any
19 potential tenants coming in at some point in time? I
20 mean, why would we not want what's in there?

21 MR. SACHS: No, no, we may want -- right.
22 This is a use that if it's -- well, first of all if Mr.
23 Himelman's application is successful tonight then he
24 will be issued a zoning permit and he can go forward
25 with this use. If you determine that Mr. Mashanski was

Colloquy

70

1 correct and that maybe it quacks like a duck -- maybe
 2 it looks like a duck and it quacks like a duck but it's
 3 not a duck it's really a goose in comparing the two
 4 uses then Mr. Himelman's client will, as he's already
 5 done that, he's filed a use variance application, and
 6 this Board will hear the proofs that are necessary to
 7 sustain getting a use variance.

8 Now I will note that this is a use that is an
 9 inherently beneficial use. So if in fact it does
 10 ultimately go to a hearing on a use variance it's a use
 11 that is -- it's a use where the applicant doesn't have
 12 to prove the positive criteria. It's already proven.
 13 There are certain uses in New Jersey that we know are
 14 inherently beneficial uses. So then it's just a
 15 question of dealing with the negative criteria and
 16 dealing with the site plan issues.

17 UNIDENTIFIED SPEAKER: Personally, I think
 18 it's a stretch. The parallels are a stretch.

19 MR. SACHS: Well, listen, that's --

20 UNIDENTIFIED SPEAKER: However, why would we
 21 not want another business in here?

22 MR. SACHS: At the end of the day yes, we
 23 probably want another business in there and we probably
 24 want --

25 UNIDENTIFIED SPEAKER: A good business.

Colloquy

71

1 MR. SACHS: -- and a good business and a
 2 business that serves the community. But we're dealing
 3 with a municipal land use law which is very specific
 4 and we're dealing with the burden of proof that the
 5 applicant has with respect to this.

6 Mr. Chairman, maybe we should take a five
 7 minute recess if we're done with this witness?

8 UNIDENTIFIED SPEAKER: That's fine with me,
 9 Mr. Chairman. That's up to you.

10 MR. CHAIRMAN: We're going to call for a five
 11 minute recess.

12 (Recess)

13 MR. CHAIRMAN: I call the Zoning Board
 14 meeting. Roll call.

15 THE SECRETARY: Mr. Green.

16 MR. GREEN: Yes.

17 THE SECRETARY: Mr. Kuczynski.

18 MR. KUCZYNSKI: Here.

19 THE SECRETARY: Mr. Kreisner.

20 MR. KREISMER: Here.

21 THE SECRETARY: Ms. Catallo.

22 MS. CATALLO: Here.

23 THE SECRETARY: Mr. Corrigan.

24 MR. CORRIGAN: Here.

25 THE SECRETARY: Mr. Henry.

Colloquy

72

1 MR. HENRY: Here.

2 THE SECRETARY: Mr. Emma.

3 MR. EMMA: Here.

4 THE SECRETARY: Mr. Esposito.

5 MR. ESPOSITO: Here.

6 MR. CHAIRMAN: Mr. Himelman, I understand you
7 want to make a statement?

8 MR. HIMELMAN: Mr. Green, thank you very
9 much. Yes. I've had an opportunity to talk with your
10 counsel Mr. Sachs during the intermission break. And
11 it seems maybe appropriate to pursue in this fashion on
12 both the appeal that's pending and the use variance
13 subject to the Board's approval.

14 Obviously we're getting into issues on the
15 type of level of services, levels of care, site plan
16 related issues, so what I think what may make some
17 sense here is to defer, delay any decision on this
18 particular appeal, let the applicant proceed with its
19 use variance application at the next meeting which has
20 been submitted and we will notice for that, and then we
21 can prosecute the use variance. And it may be that if
22 the Board ultimately rules favorably upon the use
23 variance that the appeal would be rendered in essence
24 moot and we could dispose of that.

25 So that's what we're proposing and if you're

Colloquy

73

1 okay with that we would be okay proceeding in that
2 direction.

3 MR. SACHS: And Mr. Green -- Mr. Chairman,
4 I'm comfortable with that. I mean, I know that some of
5 the Board members have expressed concerns about some
6 site plan issues which really we can't even think about
7 this evening because that's not what we're here about.
8 I think it's probably prudent for the applicant to go
9 forward with the use variance application.

10 I'm sure you'll hear some of the same
11 testimony, but it'll be a little bit different because
12 we're not going to worry about the Briarwood use, we'll
13 be worrying about what this use is.

14 MR. HIMELMAN: Correct.

15 MR. SACHS: And it can all be addressed by
16 the applicant, by its engineer, by its planner, by its
17 traffic engineer --

18 MR. HIMELMAN: That's correct.

19 MR. SACHS: -- to proceed forward. So that's
20 fine. And what was your question?

21 MR. CHAIRMAN: We want to proceed with this
22 on October 27th -- 25th I believe.

23 MR. HIMELMAN: Yes. And I will -- I'm going
24 to -- I mean the application for the use variance was
25 submitted a couple of weeks ago, it's now been reviewed

Colloquy

74

1 by everybody so I -- Mr. Mashanski gave me the green
 2 light to go ahead and notice for the October meeting
 3 which I will do shortly. So we will be providing legal
 4 notice and proof of publication to Ms. Kemble and we
 5 will -- we would like to be agenized for the October
 6 meeting. Correct.

7 MR. SACHS: Well, why don't we do this, we'll
 8 notice it for the 25th.

9 MR. HIMELMAN: Okay.

10 MR. SACHS: You have some other applicants
 11 that evening.

12 MR. HIMELMAN: Yes.

13 MR. SACHS: And if we have to carry it to the
 14 November meeting, you know, we'll do it and you won't
 15 have to renotece. We'll just make that.

16 MR. HIMELMAN: All right. Well hopefully we
 17 can get started on the -- we'll have to see how that
 18 goes.

19 MR. SACHS: I think what's happened lately is
 20 that we've had applications that have been scheduled
 21 and then they don't go forward.

22 MR. HIMELMAN: I understand that.

23 MR. SACHS: Maybe, you know, the Temple
 24 application did not go forward tonight. Who knows what
 25 will happen with the Billboard application.

Colloquy

75

1 MR. HIMELMAN: No, I appreciate that. So to
 2 Mr. Sachs' suggestion if, Mr. Chairman, if you're okay
 3 so we will notice for the October meeting and obviously
 4 depending on how the agenda shakes out we will
 5 hopefully be able to move forward at that evening.

6 MR. CHAIRMAN: Yes. That'll be on the 25th.

7 MR. HIMELMAN: On the 25th of October.

8 MR. CHAIRMAN: Yes.

9 MR. HIMELMAN: Correct.

10 MR. CHAIRMAN: Okay. Very good.

11 MR. HENRY: I have a question for
 12 clarification. Mr. Sachs, is this -- they're pulling
 13 their appeal then? I don't understand what's
 14 happening.

15 MR. SACHS: No, what he's asking -- no, he's
 16 not pulling it. What he's asking is, I guess, for no
 17 action to be taken on this appeal.

18 MR. HIMELMAN: Correct.

19 MR. SACHS: He'll defer it and if the
 20 application is approved for the use variance then
 21 obviously the appeal will be dismissed. If the --

22 MR. HIMELMAN: Withdrawn.

23 MR. SACHS: -- withdrawn. Right. And if the
 24 use variance is not granted then he has recourse to go
 25 to court to challenge the use variance decision.

Colloquy

76

1 MR. HENRY: Okay.

2 MR. KUCZYNSKI: Isn't he kind of saying that
3 by asking for a variance agreeing that the decision was
4 correct?

5 MR. SACHS: I'm not going to prove -- I think
6 obviously Mr. Himelman has heard the questions and I'll
7 just leave it at that.

8 MR. KUCZYNSKI: And what -- how long do you
9 have to appeal a decision?

10 MR. SACHS: You're talking about a decision of
11 the -- well, statutorily you have 45 days to appeal.
12 But we don't -- we can handle the -- this instant
13 application.

14 MR. HIMELMAN: There's no time -- if the
15 Board -- we're asking for a continuance of this appeal
16 request. There's no -- no time is triggered on an
17 appeal until a decision is actually rendered.

18 MR. SACHS: Correct.

19 MR. HIMELMAN: So what I'm suggesting is
20 we're going to -- we're asking the Board to continue
21 this appeal, let the applicant prosecute its use
22 variance and if the Board looks favorably upon the use
23 variance then the appeal would be withdrawn.

24 MR. SACHS: And by the way, what Mr. Himelman
25 did at filing the use variance contemporaneously with

Colloquy

77

1 this appeal is what many applicants do.

2 MR. HIMELMAN: Correct.

3 MR. SACHS: It's not uncommon.

4 MR. HIMELMAN: And I did speak to Mr. Sachs
5 about this so he was aware.

6 UNIDENTIFIED SPEAKER: Do applicants drop
7 their appeal and go to variance like this?

8 MR. SACHS: No. Well, he hasn't dropped it
9 yet, but yes.

10 UNIDENTIFIED SPEAKER: Okay.

11 MR. SACHS: It's not uncommon.

12 UNIDENTIFIED SPEAKER: Okay. Mr. chairman,
13 we're going to push this off to the 25th. I'm just
14 concerned with scheduling. We've got the Temple, we've
15 got the outdoor sign advertising and that in itself was
16 like two hours the last meeting.

17 MR. CHAIRMAN: We're going to review this in
18 the next couple of days and get it all in order and
19 we'll let everybody know.

20 MR. SACHS: And by the way, it's not the
21 appeal that -- this appeal is not going to be heard on
22 the 25th. It's going to be the use variance
23 application that respond. Correct.

24 UNIDENTIFIED SPEAKER: And that could be the
25 same time, it could be a little bit longer.

Colloquy

78

1 UNIDENTIFIED SPEAKER: Yes.

2 UNIDENTIFIED SPEAKER: It could.

3 UNIDENTIFIED SPEAKER: I just -- can we fit
4 everything in?

5 MR. HIMELMAN: I was going to ask on that.
6 I'm sorry, Mr. Chairman. So I know that you've done
7 this although limited in other cases, but we are under
8 some time constraints with our landlord so what I was
9 going to ask is it possible to potentially schedule
10 this for a special meeting, this use variance? Is that
11 something that we could entertain? I normally wouldn't
12 ask that, but this is, I think, a unique situation
13 given the potential use and the feedback that we're
14 hearing from the Board. So perhaps a special meeting
15 might be warranted?

16 MR. CHAIRMAN: It's very possible we could do
17 that.

18 MR. SACHS: Let's leave it on for the 25th
19 now.

20 MR. HIMELMAN: Fine.

21 MR. SACHS: If it turns out it's a crazy
22 night and we're not going to get to it that night then
23 we'll think about a special meeting shortly thereafter.

24 MR. HIMELMAN: That would be very much
25 appreciated.

Colloquy

79

1 MR. CHAIRMAN: And you have the Billboard
2 situation coming up also.

3 MR. HIMELMAN: I know that. And we're
4 supposed to meet on that. Right. Mr. Chairman, I'm
5 through with that. So if that's okay so we will
6 proceed in that fashion. We'll continue the appeal and
7 we will notice for the October 25th meeting on the use
8 variance.

9 MR. CHAIRMAN: Yes.

10 MR. HIMELMAN: Okay. Thank you very much for
11 your time and your patience. Not to use that pun, but
12 good night.

13 * * * * *

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C E R T I F I C A T I O N

I, KIMBERLY UPSHUR, the assigned transcriber, do hereby certify the foregoing transcript of proceedings on CD is prepared in full compliance with the current Transcript Format for Judicial Proceedings and is a true and accurate compressed transcript of the proceedings as recorded, and to the best of my ability.

/s/ Kimberly Upshur

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EXHIBIT C

BOROUGH OF SAYREVILLE BOARD OF
ADJUSTMENT MEETING
MIDDLESEX COUNTY, NEW JERSEY

IN THE MATTER OF:)	
)	TRANSCRIPT
)	
Application #17-29,)	OF
RECOVERY CENTERS OF)	
AMERICA,)	BOARD OF ADJUSTMENT MEETING
901 Ernston Road)	
Sayreville, New Jersey)	

Place: Municipal Building
167 Main Street
Sayreville, NJ 08872

Date: November 8, 2017

ZONING BOARD MEMBERS PRESENT:

RON GREEN, CHAIRMAN
KEN KREISMER
MARIA CATALLO
JOHN CORRIGAN
BILL HENRY
PHIL EMMA
ANTHONY ESPOSITO

PLANNING BOARD CONSULTANTS:

JOHN LEONCAVALLO, PP (John Leoncavallo Associates)
Township Planner
JAY CORNELL, PE, PP (CME Associates)
Township Engineer

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Attorney for the Applicant

A D D E N D U M

Individuals identified within the text of the following transcript do not represent necessarily all of the individuals in attendance at this meeting. Their presence, speaker identification and other information regarding title page and appearance, along with various words, proper nouns and other spellings found within this transcript were able to have been extrapolated from minutes of the meeting and discussions with the Board Secretary and, of course, that which is evident and that which can be concluded by way of the tape recording itself, which is of fair quality.

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I N D E X

	<u>PAGE</u>
<u>OPENING STATEMENTS</u>	
By Mr. Himelman	6
<u>WITNESSES FOR RECOVERY CENTERS OF AMERICA</u>	
DENI CARISE	
Direct Examination by Mr. Himelman	25
Examination by Vice Chairman Henry	68
Examination by Chairman Green	72
Examination by Mr. Sachs	74
Examination by Chairman Green	76
Examination by Unidentified Speaker	78
Examination by Mr. Himelman	82
Examination by Ms. Catallo	83
Examination by Mr. Esposito	85
SCOTT TURNER	
Direct Examination by Mr. Himelman	96
Cross-Examination by Mr. Sachs	105
Examination by Unidentified Speaker	106
Examination by Mr. Emma	109
Examination by Mr. Cornell	109
Examination by Unidentified Speaker	111

WITNESSES FOR RECOVERY CENTERS OF AMERICA (Continued):

KARL PEHNKE	
Direct Examination by Mr. Himelman	113
Examination by Mr. Esposito	119
JAMES HIGGINS	
Direct Examination by Mr. Himelman	121
Examination by Unidentified Speaker	135

EXHIBITS

	<u>ID</u> <u>Rec'd</u>
A-1 Amended Site Plan	98

Colloquy

6

1 MR. CHAIRMAN: Good evening, ladies and
2 gentlemen. Welcome to the Sayreville Board of
3 Adjustment special meeting. Would everyone please
4 stand for the salute to the flag.

5 (Recitation of Pledge of Allegiance)

6 MR. CHAIRMAN: Notice of the meeting has been
7 satisfied in accordance with Chapter 231 PL 1975, by
8 advertising in the Home News Tribune, notifying the
9 Centennial Publishing Company and The Star Ledger, and
10 posting on the bulletin board and filling with the
11 borough clerk.

12 Roll call.

13 THE CLERK: Mr. Green?

14 MR. GREEN: Here.

15 THE CLERK: Mr. Kreismer?

16 MR. KREISMER: Here.

17 THE CLERK: Ms. Catallo?

18 MS. CATALLO: Here.

19 THE CLERK: Mr. Corrigan?

20 MR. CORRIGAN: Here.

21 THE CLERK: Mr. Henry?

22 MR. HENRY: Here.

23 THE CLERK: Mr. Emma?

24 MR. EMMA: Here.

25 MR. CHAIRMAN: This special meeting was

Opening Statement/Himelman

7

1 called for tonight in reference to Case No. 17-29,
2 Recovery Centers of America, 901 Ernston Road.

3 The applicant for Recovery or RCA, please
4 step up.

5 MR. SACHS: Mr. Chairman, before Mr. Himelman
6 starts, I believe we did accept notice at the last
7 zoning board meeting in October. So the Board does
8 have jurisdiction for this application this evening.

9 MR. HIMELMAN: Thank you, Mr. Sachs. I'm not
10 sure this is one.

11 MR. CHAIRMAN: Yeah.

12 THE CLERK: Yeah.

13 MR. HIMELMAN: Can you hear it?

14 THE CLERK: Yeah.

15 MR. HIMELMAN: Okay. Good evening, Mr.
16 Chairmen, members of the Board. It's a pleasure to be
17 here this evening.

18 As you are aware, I represent 901 Ernston
19 Road, LLC, and I'm going to have a brief outline of the
20 -- of the evening in terms of our witnesses, some of
21 the issues that we need to address relative to your
22 professionals' reports, and just give the Board and
23 overview of the standards and proofs required for this
24 -- for this particular application.

25 As I indicated, the applicant is 901 Ernston

Opening Statement/Himelman

8

1 Road. Recovery Centers of America is an affiliate
2 entity of the applicant. As you are aware, the
3 applicant filed an application with your board for use
4 variance and amended site plan approval for the
5 substance abuse treatment facility and residential
6 healthcare treatment facility for the property
7 identified for the record as block 438, lot 1, block
8 452, lot 1, on the current tax map here in Sayreville,
9 and otherwise known as 901 Ernston Road.

10 The property, as you know, consists of
11 approximately 6.96 acres and is located in the prime
12 zone.

13 In terms of the witnesses for this evening in
14 support of the use variance relief and the amended site
15 plan, we have several witnesses. Our first is Dr. Deni
16 Carise, who is our chief clinical officer, who will
17 testify as to the operation and treatments generally
18 offered in the proposed treatment facility.

19 Then we have Scott Turner, who is our
20 professional engineer from Menlo, who will testify on
21 the amended site plan to additional parking at the
22 subject property.

23 Next is our traffic engineer, Karl Pehnke,
24 who will testify on the traffic impact for the proposed
25 facility. And then we'll proceed into planning, James

Opening Statement/Himelman

9

1 Higgins, who will be our -- one of our professional
2 planners, who will outline the planning, justification,
3 and opinions to support the grant of the use variance,
4 relief sought for the proposed facility based upon the
5 negative and positive criteria analysis.

6 And then, last but not least, we have
7 Christine Cofone, who is another professional planner
8 the applicant will produce, who will testify in some
9 greater detail on the negative and positive criteria,
10 including the public interest at stake, providing
11 reasonable accommodations for those who are disabled,
12 pursuant to the various discrimination laws, and that
13 the rehabilitation is a strong public policy and the
14 weighting of any such detriment.

15 By way of background, RCA has finalized its
16 business terms for a lease agreement with 901 Ernston
17 Road Realty, LLC, who is the current of the property.
18 Sayreville Nursing, LLC, had previously received
19 preliminary and final site plan approval from the
20 Sayreville Planning Board on May 21st, 2014, to operate
21 a long-term care nursing home facility.

22 The resolution of approval adopted by the
23 planning board in 2014, which included proposed
24 modifications to the building and landscaping and other
25 improvements, including sidewalks. I believe a copy of

Opening Statement/Himelman

10

1 the approved site plan from 2015 has been submitted to
2 the zoning board.

3 The proposed facility to be conducted by then
4 SNL was permitted as of right in the prime zone. This
5 was confirmed upon review by the Board engineer and the
6 planner at that time.

7 The applicant seeks to rely on the previously
8 granted site plan approval issued by the -- by the
9 Sayreville planning board, except as it relates to the
10 proposed parking for the facility.

11 The applicant also seeks to modify the
12 previously approved site plan granted the planning
13 board to increase the number of parking spaces from 92
14 to 130 spaces.

15 The amended site plan application filed by
16 the applicant then in June of 2017 with the planning
17 board will now be heard, as you're aware, as part of
18 this use variance application.

19 In terms of the project scope, it will
20 include a renovation of the existing and main building,
21 to include 149 patient beds, clinical rooms, therapy
22 rooms, offices, a kitchen and dining facility, and a
23 cyber café, a treatment center, to include clinical
24 rooms, therapy rooms, meeting rooms for in and out
25 patient services, and construction of a gymnasium for

Opening Statement/Himelman

11

1 physical therapy treatment.

2 The proposed facility is licensed by the
3 State Department of Health.

4 As you know from our previous discussions on
5 this matter, RCA, the parent entity, provides a full
6 range to 24-hour direct medical nursing and other
7 health services for its patients. In addition, RCA
8 provides education, treatment, rehabilitation services
9 and recovery support for substance abuse and mental
10 health disorders.

11 Moreover, the facility services include a
12 wide range of intensive care treatment options, 24-hour
13 nursing care, and monitoring, supervision,
14 rehabilitation programs, psychiatric programs and
15 services, psychological services, recreational therapy,
16 medication monitoring, and wellness programs.

17 RCA treats its patients and continually
18 provides services to its patients for an extended
19 period of time. Clearly, we will have representatives
20 of the applicant to further testify on the full range
21 of treatment and programs they offer.

22 Currently, RCA has received approvals for and
23 operates 13 facilities located in New Jersey, Maryland,
24 Pennsylvania, and Massachusetts. In Devon,
25 Pennsylvania, RCA recently received approval for a

Opening Statement/Himelman

12

1 facility, recognizing that it is operated in a similar
 2 manner as the previously occupied long-term care
 3 facility.

4 Turning to the ordinance, which is relevant,
 5 long-term care facilities and nursing homes are defined
 6 in your ordinance, and they include and provide a
 7 variety of descriptions, which I think are relevant
 8 here, one of which is that long-term care facilities
 9 are defined to include a facility which provides a full
 10 range of 24-hour and direct medical nursing and other
 11 health services, registered nurses, licensed
 12 practitioners and nurse's aides. And the emphasis is
 13 on nursing care, but restorative physical, occupation,
 14 speech, and respiratory therapies are also provided.

15 The applicant filed this application with the
 16 -- the applicant filed this application originally with
 17 the zoning officer, and he determined that the proposed
 18 facility, as you know, is not permitted use in the
 19 prime zone, and thus required a D1 use variance,
 20 although long-term care nursing facilities are
 21 conditionally permitted in the prime zone.

22 Pursuant to municipal land use law under
 23 N.J.S.A. 40:55D-70, D1, the law conferred upon zoning
 24 boards such as yours the following powers. In
 25 particular cases and for special reasons, grant a

Opening Statement/Himelman

13

1 variance to allow departure from regulations to permit
 2 one, which is D1, a use or principal structure in a
 3 district restricted against such use or principal
 4 structure.

5 The applicant is part of the D1 use variance
 6 relief, so it must provide sufficient proofs as to what
 7 is generally referred to as the positive and negative
 8 criterial. The special reasons of the Municipal Land
 9 Use Law is also referred to as the positive criteria.

10 The special reasons the Court have generally
 11 recognized to support a D1 use variance include the
 12 following: That the use is inherently beneficial; that
 13 the site is particularly suited for the use; and the
 14 use advances one or more purposes of planning, as
 15 stated in the municipal land use law.

16 In Sica v. Board of Adjustment Township of
 17 Wall, the Court set forth a four-part balancing test in
 18 determining whether to grant a use variance for
 19 inherently beneficial use. One, identify the public
 20 interest at stake; two, identify the detrimental effect
 21 that will ensue from the grant of the variance; three,
 22 in some situations, the Board may reduce the
 23 detrimental effect by imposing reasonable conditions on
 24 the use; and four, weigh the public interest against
 25 the detrimental effects to determine whether the

Opening Statement/Himelman

14

1 variance would cause substantial detriment.

2 As you will hear from the applicant's
3 planners, we believe, and the applicant believes, that
4 special reasons can be justified in this instance as
5 the use is inherently beneficial as defined under the
6 Municipal Land Use Law.

7 Generally, an inherently beneficial use is a
8 use which fundamentally serves the public good and
9 promotes the general welfare. Moreover, as you will
10 hear from the applicant's chief clinical officer, the
11 proposed facility provides much needed education,
12 medical, rehabilitation services and recovery support
13 for substance abuse and mental health disorders in an
14 effort to address the drug epidemic problem in this
15 state and elsewhere.

16 The applicant believes the intended use will
17 serve the public good and promote the general welfare.

18 Under N.J.S.A. 40:55D-4, specifically in the
19 Municipal Land Use Law, lists the following uses which
20 are inherently beneficial, a hospital, a school child
21 care center, a group home, or a wind/solar energy
22 facility.

23 Hospitals have been confirmed as inherently
24 beneficial by the legislature. Moreover, it has been
25 held by the courts in New Jersey that a drug

Opening Statement/Himelman

15

1 rehabilitation center and treatment center under the
2 case -- I'm sorry, under the supervision of the
3 Commissioner of Health, was deemed to be a hospital.
4 And that was decided in the case of Scerbo v. Orange
5 Board of Adjustment.

6 Thus, the applicant believes, and will
7 support through testimony, that its intended use is
8 inherently beneficial use as well, since it would
9 qualify as a hospital, as recognized by the Municipal
10 Land Use Law, and the courts, given the medical,
11 rehabilitative, and related treatment services it will
12 provide to its patients.

13 The applicant anticipates, after hearing all
14 the testimony, the Board will -- this board will concur
15 that the positive criteria is satisfied as the proposed
16 treatment facility is inherently of beneficial use.

17 Under the first prong under Sica, which is
18 the public benefit, as noted above in determining
19 whether to grant a use variance for inherently
20 beneficial use, the Board, the public interest at
21 stake, the first question is why is a drug and alcohol
22 rehabilitation center inherently beneficial? The use
23 concerns a matter of public interest.

24 There is a strong public policy in this state
25 to treat drug addiction, which has been codified in

Opening Statement/Himelman

16

1 various statutory enactments. Two examples of
 2 legislative determinations that define drug and alcohol
 3 rehabilitation to be a matter of public interest are
 4 N.J.S.A. 30:6C-2, which provides, "It is declared to be
 5 the public policy of this state that the human
 6 suffering and social and economic loss caused by drug
 7 addiction are matters of grave concern to the people of
 8 this state, and it is imperative that as a
 9 comprehensive program to be established and implemented
 10 through the facilities of the state, the counties, the
 11 federal government, and local and private agencies to
 12 prevent drug addiction and to provide drug diagnosis
 13 and treatment care and rehabilitation care for drug
 14 addicts, to end those that are unfortunate individuals
 15 may be restored to good health and again become useful
 16 citizens in the community."

17 Based on the above, it is obvious that the
 18 state rehabilitation is a matter of public policy and
 19 beneficial to the public welfare.

20 The testimony to be provided by Dr. Carise,
 21 the clinical director of the project, will show through
 22 statistics and evidence that there is a critical demand
 23 for these type of facilities.

24 Moreover, the applicant's patients are
 25 handicapped and disabled under federal law, including

Opening Statement/Himelman

17

1 the Federal Fair Housing Act and the Americans With
 2 Disabilities Act. Similarly, disabled individual
 3 patients are protected under the New Jersey law against
 4 discrimination.

5 Further, the Federal Fair Housing Act defines
 6 discrimination to include a refusal to make reasonable
 7 accommodations in rules, policy, practices, or
 8 services, when such are necessary to provide access to
 9 housing for the disabled.

10 The failure to recognize RCA's proposed
 11 facility as a permitted use is a refusal to make
 12 reasonable accommodations in such rules, policies,
 13 practices, and services.

14 The question is what is a reasonable
 15 accommodation? The Fair Housing Act defines reasonable
 16 -- defines discrimination to include a refusal to make
 17 reasonable accommodation in rules, policies, practices,
 18 or services when such accommodations are necessary to
 19 provide access to housing for the disabled.

20 You will hear from the applicant's planners
 21 that in their professional opinion the variance can be
 22 granted as a reasonable accommodation and, moreover,
 23 that the facility treats disabled persons, the
 24 applicant is entitled to a reasonable accommodation
 25 through the grant of the use variance to provide access

Opening Statement/Himelman

18

1 to such treatment.

2 There is no financial or administrative
3 burden on the Borough in granting the variance. And,
4 moreover, the project is privately funded, and there is
5 no administrative burdens involved.

6 Under the second prong of Sica, the
7 applicant's planners will discuss the magnitude of any
8 potential negative impacts from the proposed use on the
9 nearby properties.

10 The potential negative impacts on the
11 surround properties include aesthetics, noise, traffic,
12 and safety, as will be further addressed in testimony.
13 The applicant believes such testimony will demonstrate
14 that there is no negative impact on the surrounding
15 properties from the proposed treatment.

16 Also, the applicant must submit proofs that
17 the use will not substantially impair the intent and
18 purpose of the zone plan and zoning ordinance. The
19 applicant will provide testimony that the proposed
20 treatment facility will include medical, education,
21 daycare, rehabilitative and related services for
22 substance abuse and mental health disorders.

23 All of those services fall within the
24 definition of long-term care facilities, which are
25 permitted in the prime zone. As you will hear from the

Opening Statement/Himelman

19

1 applicant's witnesses, there will be no significant
2 modifications of the site plan for the previously
3 approved long-term nursing care facility and thus no
4 significant impact to the zone.

5 The third and fourth prongs of Sica -- of the
6 Sica case providing measures to mitigate any negative
7 impacts and weighing the public interest against
8 detrimental effects to determine whether the variance
9 would cause substantial detriment. As you will hear
10 from the applicant's witnesses, the public interest is
11 urgent and immediate.

12 As the applicant will provide through
13 testimony, no significant impacts will be identified.
14 And while the applicant has anticipated and/or
15 addressed such impacts, the Board can, within its
16 discretion, impose as a condition of an approval to be
17 certain of such negative impacts are avoided in the
18 future.

19 As explained earlier, to justify the D1 use
20 variance sought, the applicant must address the
21 negative criteria. As to the negative criteria, the
22 applicant must prove that the use will not
23 substantially impair the intent and purpose of the zone
24 plan and zoning ordinance and that the granting of the
25 variance will not have a significant impact on the

Opening Statement/Himelman

20

1 surrounding properties.

2 The Municipal Land Use Law specifically
3 provides under N.J.S.A. 40:50D-70D that no variance may
4 be granted, including relief that involves an
5 inherently beneficial use, without balancing the
6 negative and positive criteria.

7 This again was reinforced in the Sica
8 decision, establishing the four-prong test to be
9 applied to uses which are inherently beneficial.

10 The applicant will demonstrate that the
11 granting of the variance will not have a significant
12 impact on the surrounding properties. In addition, the
13 applicant will provide additional testimony that the
14 site is particularly suited, since it's already been
15 approved for a nursing home, which is very similar to
16 the proposed use.

17 On balance, the use variance, we believe, is
18 justified and should be granted, because the public
19 interest far outweighs any detriment and the applicant
20 will explain the important need is and the legislature
21 has also determined rehabilitation is in the public
22 policy of this state.

23 So that gives you sort of an overview of the
24 applicant's position and what it intends to prove
25 during testimony. And I thank the Board for their

Opening Statement/Himelman

21

1 patience as I delivered that opening. Thank you.

2 MR. CHAIRMAN: Thank you. Mr. Sachs, do you
3 want to respond to the comments made?

4 MR. SACHS: Yes. I feel compelled to advise
5 the Board that the 20-minute opening statement by Mr.
6 Himelman is not evidentiary. Mr. Himelman, to my
7 knowledge, is not a planner licensed in the State of
8 New Jersey. He is an attorney, but he's not a licensed
9 professional planner.

10 So any of the testimony -- any of his
11 comments that were made during the opening statement
12 are not considered evidentiary, are not to be
13 considered whatsoever in your deliberations during
14 these proceedings. Apparently --

15 MR. HIMELMAN: I have no issue with that, and
16 my intent of my opening statement, Mr. Chairman and
17 members of the Board, was to lay out what the applicant
18 needs to prove and substantiate.

19 MR. SACHS: Well, that's -- yeah, but that's
20 -- I understand.

21 MR. HIMELMAN: And so, I am not hear
22 testifying as a planner.

23 MR. SACHS: I want to make it clear that
24 that's the case, because, obviously, you've got five
25 witnesses. You've got an operations individual who is

Opening Statement/Himelman

22

1 going to testify. You've got your site engineer.
 2 You've got your traffic engineer. You've got two
 3 professional planners.

4 But, again, I just want the record to be
 5 clear that I believe Mr. Himelman -- and, again, it was
 6 in the nature of an opening statement -- was giving
 7 essentially some planning testimony, which is not --
 8 not permissible in this matter. He's not a licensed
 9 professional planner.

10 You will gauge your decision based upon the
 11 testimony of the witnesses who are qualified to do so
 12 under oath.

13 MR. HIMELMAN: That's fine.

14 MR. CHAIRMAN: Thank you.

15 MR. HIMELMAN: We can call our -- if the
 16 Board doesn't have any other questions, we can call our
 17 first witness.

18 MR. KREISMER: Can I ask one question?

19 MR. HIMELMAN: Sure.

20 MR. KREISMER: Because I heard two
 21 definitions. One, is the application -- the applicant
 22 applying for variance as a nursing home or as a
 23 hospital? Because you mentioned both of them in your
 24 testimony.

25 MR. HIMELMAN: Well, it was approved as --

Opening Statement/Himelman

23

1 currently, the prior approval was granted to the
 2 current owner as a nursing home facility.

3 We are applying for a D1 use variance to
 4 operate a drug rehabilitation facility, which you'll
 5 hear from the applicant's witnesses what that legally
 6 means, and I'll just answer it that way.

7 MR. SACHS: And, Mr. Kreismer, let me respond
 8 to that as well, and just for the members of the
 9 public.

10 The applicant had previously appeared before
 11 this board maybe in September on an appeal of Mr.
 12 Mashanski's determination that this was not a permitted
 13 use in the zone.

14 The proofs at that particular time by the
 15 applicant were that the applicant was -- the
 16 applicant's operations were akin to the operation of a
 17 hospital and/or a nursing home, which this board
 18 determined was not the case. So, therefore, this board
 19 did require this applicant to come before the Board for
 20 a D1 use variance to operate as an in-patient drug
 21 rehabilitation center.

22 MR. HIMELMAN: Well --

23 MR. SACHS: So they're not here as a nursing
 24 home. They're not here as a hospital. They're here as
 25 an in-patient and out-patient drug rehabilitation

Opening Statement/Himelman

24

1 center.

2 MR. HIMELMAN: The only point of
3 clarification I would make is I don't think the Board
4 actually made a final determination on that -- on that
5 appeal.

6 MR. SACHS: That's correct. I agree. I
7 agree.

8 MR. HIMELMAN: And so what the applicant, at
9 the encouragement of this board --

10 MR. SACHS: Correct.

11 MR. HIMELMAN: -- the applicant requested
12 that that appeal be deferred and continued and that we
13 prosecute this variance application.

14 MR. SACHS: That's correct, Mr. Himelman. I
15 agree. I agree. But that's essentially what the --

16 MR. HIMELMAN: And to answer your -- just
17 also you'll hear from -- and I'm not -- again, I don't
18 want to necessarily -- I don't disagree with your
19 counsel's interpretation.

20 The point of a hospital, that will be
21 discussed by our planners as it relates to inherently
22 beneficial use. I think that's a good way to answer
23 that.

24 MR. SACHS: And, by the way, I would agree
25 that a hospital and/or nursing home statutorily is

Carise - Direct/Himelman

25

1 considered to be an inherently beneficial use.

2 MR. HIMELMAN: That was my only point.

3 MR. SACHS: Okay. Okay.

4 MR. HIMELMAN: Chairman Green, I don't have
5 any -- does anyone have any further questions before we
6 proceed?

7 MR. CHAIRMAN: There is no further questions.
8 Proceed.

9 MR. HIMELMAN: Okay. All right. We will
10 call our first witness, Dr. Deni Carise, and she will
11 be testifying as our clinical director.

12 Have her sworn in.

13 MR. CHAIRMAN: Doctor, please raise your
14 right hand and I'll swear you in.

15 D E N I C A R I S E, WITNESS, SWORN

16 MR. CHAIRMAN: All right. Please state your
17 name, spelling your last name, professional affiliation
18 for the record.

19 THE WITNESS: Sure. I'm Dr. Deni Carise.
20 The last name is C-A-R-I-S-E. I'm chief clinical
21 officer at Recovery Centers of American, and I'm an
22 adjunct clinical professor at the University of
23 Pennsylvania School of Medicine, Department of
24 Psychiatry.

25 MR. CHAIRMAN: Okay. Thank you.

Carise - Direct/Himelman

26

1 DIRECT EXAMINATION BY MR. HIMELMAN:

2 Q Dr. Carise, nice to see you here this
3 evening. You did give a brief background and
4 description, but if you would be a little more
5 elaborate, providing the Board and the public a little
6 bit more information about your background and the work
7 you've done on sites similar to the proposed site in
8 Sayreville. Thank you.

9 A Sure. First I want to thank the Board for having
10 us here and letting us have this discussion and thank
11 the members of the community as well for letting us
12 answer questions for you.

13 I've been in the substance abuse treatment
14 research and policy field for 32 years. I was 18 years
15 as a federally funded NIH, mostly federally funded
16 investigator and scientist, funded by grants. And I
17 researched evidence-based practices. I tracked drug
18 trends for the country for the Office of National Drug
19 Control Policy. I helped start treatment actually in
20 about 15 different countries that never had treatment
21 before.

22 And I did a lot of grant writing, grant
23 reviewing, article writing. I've published over 150
24 peer-reviewed articles, chapters, and books.

25 I left research a little while ago and I went

Carise - Direct/Himelman

27

1 back to clinical, which is my first love. I was chief
2 clinical officer at a place called Phoenix House.
3 Phoenix House had 120 sites across the country, and I
4 was chief clinical officer for them, which means I set
5 standards for care for all of the sites, developed
6 training teams that went out and trained on that and
7 implemented and kept track of those sites.

8 I did the same thing for another company
9 called CRC. CRC has 140 treatment programs across the
10 United States, and I had the same position there as
11 well.

12 And then I went onboard at Recovery Centers
13 of America to basically start from scratch a number of
14 treatment programs. The greatest things about these
15 countries that were just starting treatment was that
16 you could start from scratch with the best that science
17 had to offer. You know, you could pick and choose and
18 say, this is what science says really works the best
19 and create it. And I never thought I'd have that
20 opportunity in my own country.

21 So I came onboard at RCA and did that.

22 Q Okay. Great. Now, just to follow up with
23 RCA, you're currently employed by them, correct?

24 A Yes, I am.

25 Q Okay. And what are your specific

Carise - Direct/Himelman

28

1 responsibilities?

2 A So, chief clinical or chief scientific officer. I
3 develop, oversee clinical care standards, what we will
4 be implementing, identify evidence-based practices that
5 best for use with our patients, develop both the in-
6 patient and the out-patient list of services and how we
7 will treat folks and the protocols behind which we'll
8 do that.

9 MR. CHAIRMAN: Mr. Himelman, before you
10 proceed any further, are you offering Dr. Carise as an
11 expert witness or as an operations witness?

12 MR. HIMELMAN: Operations witness.

13 MR. CHAIRMAN: Okay. Thank you.

14 BY MR. HIMELMAN:

15 Q With regard to -- and we've talked a little
16 bit about the epidemic drug problem. Maybe you could
17 just sort of highlight for the Board and members of the
18 public the scope of that problem and some of the issues
19 that you have faced as clinical director.

20 A I mean, I think that we stuff in the paper all the
21 time about what's going on. We are -- the U.S. is 4.6
22 percent of the world's population, and we consume 80
23 percent of the world's opioids. We are a country with
24 really an incredible demand for opioids.

25 So that -- if you don't know, that was really

Carise - Direct/Himelman

29

1 fueled, frankly, by Pharma coming in and developing
2 opioids that they said were less abuse potential. So
3 many people have gotten into trouble, particularly with
4 opioids and heroin, came through that door through a
5 prescription drug that was typically prescribed for
6 them or for somebody else.

7 So this is a very different look than the
8 past -- than the past years. So the heroin user of
9 today, the opioid user of today, is very different than
10 the opioid user of the '90s and the '80s.

11 You know, New Jersey has the sixth highest
12 rate in the nation of ER visits due to opioid problems.
13 And Middlesex County is in the top five counties in the
14 state for overdose deaths.

15 So that's interesting, given the size.
16 There's been an 893 percent increase in fentanyl deaths
17 in the country. This is incredibly important, because
18 there used to be no Fentanyl on the street, and
19 Fentanyl actually was more expensive than heroin.

20 What has happened with the Fentanyl and
21 carfentanil -- I'll just talk for two minutes about
22 this, because it's important to the future of our
23 communities and the feel is that carfentanil and
24 fentanyl have started being made in basically
25 clandestine laboratories. They're not pharmaceutical.

Carise - Direct/Himelman

30

1 So fentanyl is a drug that's only used typically by
2 anesthesiologists or for very extreme pain, usually
3 right after surgery. It's about 50 to 100 times
4 stronger than heroin. It is a lethal drug, but
5 unfortunately, carfentanil has come along.

6 Carfentanil actually has one appropriate use,
7 and that is for -- by veterinarians to sedate very
8 large animals, rhinos and African elephants. And that
9 is about 10,000 times stronger than morphine and 100
10 times stronger than the fentanyl.

11 The problem with that is several fold. One
12 is that people never know what they're getting, which
13 is why they're overdosing at such high rates right now.
14 Another piece of that is that the drug -- the overdose
15 reversal drug, Narcan, actually, the carfentanil lives
16 in your system longer than the Narcan. So while Narcan
17 will stop the overdose and bring you right back, the
18 Narcan has a shorter half life, so it will dissipate
19 out of the system, and without doing anymore drugs, the
20 person can actually overdose again an hour later.

21 And so that's becoming a really significant
22 problem. Almost all of this is brought in through mail
23 order, frankly, from China. China was the last country
24 by far to sign a trade agreement with the U.S. saying
25 that we will stop, you know, we will prosecute, and we

Carise - Direct/Himelman

31

1 will look for and seek to prosecute folks who are
2 distributing this.

3 But they were the last to sign, and they
4 don't seem to be doing quite a bit about it. The
5 reason this is so important is because of the huge
6 concern about what's going to happen in our future.

7 So fentanyl has a molecular structure and
8 carfentanil is an analog of that. It just changes kind
9 of one thing, one piece of that.

10 Right now what we're looking at is new drugs
11 coming into the country, mostly from China, that have
12 -- that don't even have a name yet. There's W18, there
13 is C2055. And what they do is they change one
14 molecule, and it's exactly -- it's the potency of
15 carfentanil. The overdose rate is as high as
16 carfentanil. However, it's not illegal. It's not
17 illegal, because it didn't exist yesterday.

18 And, by the way, we can't test for it to find
19 out what it is, because we don't have a test for it,
20 because it didn't exist yesterday. There's actually
21 dozens of these out there now.

22 And with that going on, we don't see an end
23 to this issue, and we don't see -- you know, federally,
24 there is a very big concern about that being kind of
25 the next wave and what will we need to be able to do to

Carise - Direct/Himelman

32

1 stop that.

2 So this is an enormous problem. This is --
3 the people that we treat, they are your neighbors.
4 They are your coworkers. They are people that often
5 got into an addiction from a prescription drug.

6 And so this is the people we see today, and
7 this is the target that we have to really be out there
8 and to help people.

9 Q Now, Dr. Carise, you've talked a little bit
10 about the magnitude of the problem. Maybe you could
11 address a little bit about the benefits that this
12 proposed facility would address and certainly respond
13 to that magnitude drug epidemic problem you just
14 discussed, if you would explain that.

15 A And so if I look at how we would address that at
16 this facility, one of the things that I think is
17 incredibly strong is to be a neighborhood model. We
18 tend to get most of our patients from a 50-mile radius
19 around our site.

20 I purposely designed our sites this way,
21 because what I call this flyaway model that we have,
22 where somebody goes to Malibu or down to Florida to get
23 well, they're there for four weeks, they, you know,
24 basically spill out their guts, they develop intense
25 friendships with others trying to get sober, they

Carise - Direct/Himelman

33

1 develop an intense relationship with a therapist and
2 psychiatrist, and they fly back home and they don't
3 have any of those supports around them. We know that
4 doesn't work well.

5 And in addition to not working well, it's
6 also very, very high risk time for overdose, because
7 what's happened is they don't kind of have the tools to
8 really live in a recovery lifestyle, but their system
9 is cleansed of the drugs. It's completely out of their
10 system. So when they come home, that tends to be a
11 very high risk time for them to use drugs.

12 So we are very heavily based on the
13 neighborhood model. The other thing we're very heavily
14 based on is all the literature, all the science shows
15 that if your family or your employer is involved in
16 your treatment, your chances of success go up very
17 high. So we invest a lot in having family therapists,
18 having education for families.

19 We have education sessions also for families
20 that are not families of our patients, but just
21 neighbor -- being a good neighbor, you know, families
22 in the neighborhood that want to learn more, that want
23 to say, "How do I talk to my kid about this?"

24 But when somebody is in treatment with us
25 also, we have family therapy, we have family education

Carise - Direct/Himelman

34

1 sessions. When a person comes into treatment, we get
2 the history both from the patient and separately in
3 another room from the family, so we have corroborating
4 advise. And we deliver evidence-based practices.

5 Do you want me to go on about our treatment?

6 Q No. I think -- one question I did want to
7 ask you. Is it fair to say that as a result of going
8 through your particular treatment program that you will
9 offer that it clearly limits and hopefully will reduce
10 future medical costs for your patients as they move
11 forward beyond treatment?

12 A Yeah. I mean, absolutely, there is no doubt about
13 that. And the -- so the healthcare expenses, the other
14 healthcare expenses of the average person with a
15 substance use disorder are about 11 times that of an
16 average person.

17 Interestingly, the non-using spouse of a
18 substance use disordered person uses eight times the
19 healthcare costs of the average person. So that would
20 be, you know, a benefit, I think, to the county and the
21 country, particularly in a place where you're very high
22 up in terms of how many people show up at your ER's and
23 need to be revived with Narcan in the state.

24 Q Thank you. Now, in terms of the facilities,
25 how many facilities does -- does RCA own and manage, if

Carise - Direct/Himelman

35

1 you could briefly discuss that?

2 A Yeah, sure. So there are five residential
3 facilities that are similar to the one we are proposing
4 here. They are in Mays Landing, New Jersey,
5 Earleville, Maryland, Devon, Pennsylvania, Westminster
6 and Danvers, Massachusetts.

7 And they're pretty similar -- very similar to
8 what we're designing here.

9 We also have six outpatient programs. Three
10 of those residential sites also have outpatient. It's
11 incredibly important to have a continue of care for
12 people so that you can continue to treat them and
13 continue to support them.

14 It's a very small part of our work, but it's
15 really vital. We have also -- so our six outpatient,
16 three are in Mays Landing, Devon, and Danvers. There
17 is a separate one -- a standalone in Wilmington,
18 Delaware, and two more in New Jersey, Voorhees and
19 Manahawkin. And we have four residential centers under
20 construction or proposal, Blackwood, New Jersey,
21 Waldorf, Maryland, Upper Marlboro, Maryland, and this
22 site in Sayreville, New Jersey.

23 Q Thank you. Turning to the different
24 treatment options, could you just describe what will be
25 provided in terms of the types of care that RCA would

Carise - Direct/Himelman

36

1 provide to its patients at the Sayreville facility?

2 A Uh-huh.

3 Q Thank you.

4 A At the Sayreville facility, the majority will be
5 in two modalities of care. Just like a hospital has
6 inpatient, outpatient, we have two types of care where
7 people live on the facility.

8 One is detoxification, and that is a very
9 medical, you know, time that they are detoxifying from
10 the drugs. Some of these detoxifications are life
11 threatening, in the case of, for example, alcohol, or
12 the benzodiazepines. And some of them are very, very
13 painful for folks. So we detox them in a taper so that
14 they can tolerate the withdrawal.

15 And that typically is anywhere, depending on
16 the person and the drug, it could be three days, it
17 could be seven days.

18 After detox, they're transferred to
19 residential care. In residential care, they are
20 learning more of the skills of how to cope without
21 drugs, how to socialize without drugs. We have a lot
22 of different things going on.

23 The majority of our patients are 18 to 28
24 years old. Our average age is 35, but that really
25 breaks into -- that's not the modal age. So the

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37

1 majority of our patients are 18 to 28, and then we have
2 a cadre of patients who are 40, 50, 60, 70.

3 And so in the detox, again, that's about a
4 safe, comfortable withdrawal. Residential is very
5 intensive, very structured. They're busy from 8:00
6 a.m. until 9:00, 10:00, 10:30 p.m., you know, getting
7 care.

8 And then there is three levels of outpatient.
9 The most intense level is called partial hospital.
10 That's six hours -- well, it's five hours a day. It's
11 usually 9:00 to 3:00, with an hour for lunch, and they
12 are in different classes, learning how to -- anything
13 from writing a resume to more group therapy to how to
14 develop social support networks in sobriety. And that
15 usually lasts sometimes five, seven, eight days.

16 And then they go to intensive outpatient,
17 which is three hours a day, three days a week, and they
18 have groups and educational seminars there as well.
19 And then outpatient would be just one and a half hours
20 once a week, maybe, an individual session each week,
21 too.

22 So those are the modalities.

23 Q Now, turning to the actual services that we
24 will -- the RCA will provide, could you briefly go over
25 that in terms of the treatment services?

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38

1 A Yeah. So all of our RCA residential facilities
2 that I've spoken about, as well as planned for
3 Sayreville, have a set of core clinical curriculum. So
4 these are things that everybody gets. And the reason
5 for that is because these are things that the science
6 has shown has the best impact and the best success
7 rates.

8 So there is a primary therapy group. That's
9 five days a week. It's an hour and a half. There are
10 four evidence-based practices that are evidence-based,
11 based on the Department of Health and Human Services.
12 One is on getting motivated to change, staying
13 motivated to remain drug free. And that's four to six
14 sessions once a week.

15 The other one is relapse prevention, the same
16 thing. That's an evidence-based practice. That's at
17 least weekly. There is four to six different sessions.

18 The other one is called Unlock Your Thinking.
19 That's about cognitive distortions, how to change
20 cognitive distortions, when your head says you want to
21 use, how to kind of think through that instead of just
22 acting on it right away.

23 And the last one would be a 12-step --
24 multimedia 12-step group, where we really introduce the
25 person through some videos and workshops and whatnot

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39

1 to, you know, what it means to be fully ingrained in
2 the 12-step community, because that has been shown to
3 be so successful when patients are ready to maintain
4 recovery on their own.

5 Again, the hours of treatment, these patients
6 are not lying around. They are in these groups, as
7 well as educational sessions. There's seven different
8 sets of educational sessions and topics. There is one
9 every day. There's 28 seminars on these. There's a
10 set on wellness. There's a set on thinking things
11 through. There's a set on the biomedical aspects of
12 addiction. So there's all different topics that come
13 up. There's a set on family norms and family, you
14 know, issues in substance use disorders. So they are
15 in these groups all day.

16 The other thing particularly, because we have
17 so many young adults, is that we have yoga, we have
18 exercise classes. These are -- these are monitored.
19 You know, these are done by trained addiction
20 specialists, yoga teachers, and exercise specialists.

21 Some of our sites will have tai chi or yoga
22 or karate as well. We work with that in particular
23 with our young adult women to develop their confidence
24 and their strength.

25 And so there's -- I know I'm forgetting a

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40

1 number of things we do every day all day, but those are
2 really the core.

3 Then we have also art therapy, and we have
4 music therapy. We have relaxation techniques. We have
5 for our young adults, we plan courses on -- for our
6 young women, they have a course on budgeting and a
7 course on compulsive spending, because many of our
8 young women are compulsive spenders, how to get your
9 credit rating back.

10 So it's everything from seeing the
11 psychiatrist and the doctor for your medical disorders
12 to learning how to cope in the everyday world.

13 Q Maybe you could also address how and what
14 your goals are in getting -- obviously getting help to
15 people to get back to work or school. Could you
16 briefly go over that?

17 A Yeah. I mean, some of the things we do, we
18 implement sessions with particularly the young adults
19 on how to get back to school in terms of we work with
20 their school if they're on kind of an academic
21 probation from their school.

22 We also work on applying to school. We work
23 on identifying what area you'd like to work on or
24 vocational strengths and whatnot.

25 We also, if somebody comes in and they're

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41

1 still in school, we give them time and tutoring to help
2 them move along in their schooling. So we do a number
3 of different things to try and help kids not just get
4 back to school, but also be able to live kind of in the
5 real world. Again, budgeting, how to check your credit
6 rating, why that's important, cooking, you know, doing
7 laundry, really basic skills that these young adults
8 don't have.

9 Q Okay. And you mentioned about family
10 visitation. Maybe you could just briefly go over that
11 for the Board.

12 A So I'll go over the family program, which includes
13 some visitation. Again, families are incredibly
14 important. The science shows that your likelihood of
15 staying sober and doing well are much higher when your
16 family is involved.

17 We get family involved right away. Even if
18 they are at odds with each other, we get the family
19 involved in education sessions. Those are typically on
20 the weekends, and we get the family involved in family
21 therapy sessions, because we know we need to get these
22 folks together.

23 The other piece we have is that we do allow
24 visitors. We allow family to visit. And I want to
25 just tell you a little bit about that and the safety

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42

1 and what we do for the safety around that.

2 A family member can visit if they've been on
3 a list and the primary therapist and the patient have
4 discussed who that family member is, what their role in
5 their recovery will be. We've called them, we've
6 spoken with them with the patient and without the
7 patient in the room to confirm their support of
8 recovery, that this really is a mother, a father, an
9 uncle.

10 And there are just three times during the
11 week that family can visit. There's about a three-hour
12 visiting time on Saturdays, two hours on Sundays, and
13 one hour on Wednesday nights.

14 When the family comes, you can't get in
15 unless you've been pre-approved and you're somebody
16 that we've spoken with. We tell them to leave all of
17 their belongings in the car. They can't bring in, you
18 know, a big bag or a big purse or a cell phone, because
19 we don't want our patients to have access to cell
20 phones. And they are also searched when they come in.

21 If they do bring in something -- let's say
22 they bring in an extra pair of pajamas and a hat or
23 whatever for the patient. Anything they do bring in,
24 they go right to the front desk, and it's searched in
25 front of them, and we go through it. So we really --

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43

1 and, by the way, the patient is not allowed to go hang
2 out with them in the car. They can't leave the
3 premises with them. And, in fact, all the visitation
4 is done in an assigned room.

5 It might be the cafeteria, where we have a
6 few groups of families meeting, and there's always
7 staff there.

8 Q Thank you. Now, you mentioned a little bit
9 about outpatient versus residential. Maybe you could
10 describe the relative differences between percent of
11 staff and the space allocated for the residential
12 versus the outpatients.

13 A Yeah. So outpatient really is a vital but a
14 smaller part of our treatment. In the building, about
15 5 percent of the building is for outpatients, compared
16 to 95 percent for detox and residential.

17 About 5 percent of the staff also are
18 outpatient staff. If you really look at the man hours,
19 it's only 2 percent of man hours are actually
20 outpatient.

21 The important thing to know is -- it's
22 particularly -- in most states, we're not allowed to
23 have these two groups mix. So the outpatient center
24 will have a separate entrance. It will have a separate
25 person that there to take a copay or show them to their

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44

1 group.

2 We typically -- you know, I'm estimating
3 about no more than 22 outpatient at any one time. And
4 that would only be if we had that PHP program that runs
5 9:00 to 3:00, and also an IOP group that's running from
6 9:00 to 12:00.

7 But typically the intensive outpatient is
8 9:00 a.m. to noon, or it could be 5:00 to 8:00 for
9 people who are working. And then the other single
10 groups are generally in the evening as well.

11 So there's not a lot of outpatients there at
12 a time, but the continuity of care is incredibly
13 important.

14 Q Thank you. Now, turning to the staff at the
15 proposed facility, can you just briefly go over and
16 describe the different staff that will be available and
17 employed?

18 A Yeah. So the staff mandates that I put in place
19 again are based on the science. So many of our
20 patients have a medical problem as well. We have got
21 patients with diabetes very frequently, hypertension,
22 you know, that just need some medical monitoring. So
23 we have physicians, as well as psychiatrists that can
24 see the patients.

25 We have RN's 24 hours a day, seven days a

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45

1 week. That's not a requirement. We can have LPN's,
2 for example, overnight, but I made a decision that we
3 would not do that.

4 So we have RN's and LPN's, but we always have
5 at least one RN there 24/7. We have licensed social
6 workers, clinical and family therapists, counselors,
7 and patient support staff.

8 The -- if we were at 90 percent capacity, for
9 example, which is a common number that we run at about
10 98 -- 90 percent, sorry, capacity, we would have about
11 134 patients, and we would have about 217 staff.
12 That's a pretty common ratio for us. It's 1.6 staff
13 for every patient.

14 This is a very heavy laden -- staff laden
15 business where you need people around, and you need to
16 keep the patients occupied and engaged across the day.
17 So 365 days a year, 24 hours a day, we have various
18 staff. They come on at different times, if that's
19 important to you.

20 Like, the nurses will come on maybe -- nurses
21 will be, like, 7:00 to 3:30, 3:00 to 11:00, 11:00 to
22 6:00 or 7:00. And then the administrative staff all
23 tend to be 8:30 to 4:00. The recovery support staff,
24 they are all different hours. They start at all
25 different times.

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46

1 So we have this kind of staggering so there
2 is not, you know, the whole staff load there at that
3 time.

4 About -- if you ask me -- I'm just estimating
5 what your questions might be. If you ask me how many
6 will be there at the most at one time, I'm going to say
7 about 115, and that would be when the administrative
8 and daytime staff overlap.

9 Q Great. Thank you. Turning to your potential
10 patients and your client base, can you describe who the
11 facility will be treating?

12 A Yeah. So we are -- we are adults only, so it's 18
13 and older. This is predominantly a middle class
14 population. These are not prisoners there in lieu of
15 incarceration. These are not indigent folks or
16 homeless folks. Again, 82 percent fully employed.

17 The average age, again, is 35, but that
18 really tends to have two groupings to it, the 18 to 28
19 and the 40-50 year-olds.

20 They are commercially -- 90 percent
21 commercially insured, and about 10 percent will be self
22 pay. Sometimes people even with insurance self pay
23 because they don't want it on their records, because
24 there is still a pervasive stigma out there.

25 They are in treatment voluntarily. This is

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47

1 not court-mandated treatment. We have no contracts
2 with drug courts or with criminal justice systems to
3 take their patients.

4 We may have patients that have had a DUI or
5 whatnot, but they are -- this is a completely voluntary
6 facility.

7 We have specialized programs separately by
8 gender for young adult males, young adult females. We
9 also have a separate program for impaired
10 professionals, so doctors, nurses, pilots, EMTs require
11 some special groups and some special attention
12 paperwork, frankly. So we have a dedicated unit for
13 that.

14 And they may be there mandated treatment,
15 because they will lose their license, but they have a
16 very high success rate with that group.

17 We do have exclusion criteria. So we don't
18 take patients that we don't feel that we can perfectly
19 well care for at our site. So somebody with a really
20 significant acuity psychiatrically. We would not take,
21 for example, somebody that is suicidal. We would not
22 take somebody that is experienced hallucinations or
23 command hallucinations. They are just too
24 psychiatrically disabled for us, and we would not be
25 able to take them.

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48

1 And then one thing I didn't say is that when
2 they contact us -- and I'll describe it more later --
3 but they contact the call center, and there is an
4 admission kind of done there on the phone with them and
5 usually a family member, and we ask all these different
6 questions. And I'll go into them later, if you want.

7 When they show -- and so we really can rule
8 out a number of people just through that. If they
9 happen to show up and we decide when they show up that
10 they're not appropriate for us, we would transfer them
11 out to a higher level of care.

12 And then three days after they're with us,
13 they get a comprehensive individual bio/psych social
14 where we do a lot of these questions and more again,
15 and that gives us another kind of check and balance.
16 So this is -- if their symptoms are out of control,
17 either with psychiatric or medical, we can't take them.

18 They -- you know, individuals with a
19 substance use disorder are considered to have a
20 disability under the ADA, and so we like to treat as
21 many people as we can, but we are well aware of what
22 our limitations are.

23 So, for example, I might take a young woman
24 who is binging on food and has that kind of an eating
25 disorder where she binges and may vomit or purge.

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49

1 But I would not take a young woman who has
2 anorexia who might require tube feeding or anything
3 like that.

4 Q Thank you.

5 A Is that enough?

6 Q That's very well done. Now, you mentioned a
7 little bit about patient referral.

8 How are patients referred for admission to
9 the facility?

10 A So we get referrals from everything from EAP's to
11 local corporations to unions. We actually have a
12 pretty high referral rate from alumni, which is great.
13 We get referrals where people see on our website what
14 we offer, and they call us up at the call center.

15 So it really ranges from all of those. We
16 actually get about 36 percent of our referrals from
17 either other hospital or our competitors when either
18 they can't take the patient, they're full, this is a
19 better location.

20 We get quite a bit from alumni, like I said,
21 from family, a very small amount from radio and TV, but
22 unions, insurance companies as well.

23 Q Okay. Great. And how do the patients
24 physically get to the facility?

25 A So in terms of literal transportation, when

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50

1 somebody is coming in for a residential appointment,
2 we've already screened them at the call center. We've
3 done an assessment at the call center, and we arrange
4 transportation at the call center.

5 Our preference is that a family member drive
6 them in and go through the intake at the same time as
7 them. We actually do them separately. We ask the
8 family member a lot of the same questions, because you
9 might have a patient who says, "I do XYZ," and you
10 might have a family member who says, "They do ABC and
11 XYZ."

12 So we get this what's called collateral
13 information. So that is our ideal way.

14 We also have drivers and cars available that
15 we will go out and we'll pick somebody up and we will
16 bring the into treatment. And that's for our
17 residential folks.

18 We don't have anybody that comes -- and they
19 can't leave a car in the parking lot or on the
20 facility, because that's -- again, we're looking at
21 risk for the patient to want to go home, and the easier
22 it is, the more likely they may do it.

23 Our outpatients may come by public
24 transportation as well or by an arranged service
25 through RCA or by family members.

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51

1 Q Terrific. Thank you. Now, turning to safety
2 and security. What kind of safety and security
3 measures will the facility have? If you could briefly
4 go over that.

5 A Briefly? Okay. You know, patient safety is our
6 number one concern, as well as safety for our staff,
7 safety for our neighbors.

8 Again, I've described who comes into
9 treatment. These are not indigent criminals that are
10 adjudicated to us. These are people who are
11 voluntarily coming into treatment.

12 That said, we go to, I think, very great
13 lengths to ensure safety. So one way is that we have a
14 comprehensive 150 -- at this site it will be closer to
15 200 cameras. These cameras are inside and outside. We
16 cannot legally have a camera in a bathroom or focused
17 on a bed, of course, but every square inch of the
18 facility is seen by these cameras, as well as the
19 outside facility of the facility.

20 Every nursing station has a screen up that
21 shows what's going on by all of those cameras. And
22 then we also have a camera of the outdoors and whatnot
23 that's in a station. We have a full-time groundskeeper
24 who does rounds around in the grounds and makes sure
25 that there are no patients out there.

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52

1 To be clear, if a patient comes and goes to
2 go out a door during the day, they want to go out and
3 take a walk, that's not okay. Anytime outside the
4 building, if for any reason -- and we might take three
5 patients out to do yoga on the lawn or something. They
6 are always with a staff member. They can't just decide
7 they want to take a walk or go jogging around the
8 premises. It's just not allowed.

9 Every staff member knows if you see a
10 patient, or worse, two patients, you know, walking out
11 the front door, there is an all-out alert that goes out
12 to make sure that they are not out there alone and that
13 they're not out there, you know, just by themselves.

14 So the cameras are there. There are also --
15 some are motion detected and some are not. So, for
16 example, 2:00 o'clock in the morning, the doors are
17 locked from the outside. Nobody can get in. But
18 we're, by law -- I think by fire code. I don't --
19 that's not my area. But we're not allowed to lock them
20 in, but they're all alarmed.

21 And so if somebody went out a door, an alarm
22 would go off, and it would be -- the alarm would go off
23 at all of the nurse's stations. They would know right
24 away. And they're fully trained. We have a number of
25 different trainings. They -- a certain number of the

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53

1 nurses or staff will go to where that person left and
2 go and, you know, do what they can with that patient.

3 We also have, in addition to ground rounds,
4 where we do rounds on the ground, we have patient
5 rounds. So we have staff that are just dedicated to
6 knowing where the patient is at all times. Are they
7 where they're supposed to be? And these staff 24 hours
8 a day. If the patient is in detox, it's every half
9 hour, minimum.

10 If the patient is in the rehab side of the
11 building, it's once an hour. And this is -- again,
12 it's 24 hours a day. The patients know this. We open
13 the door to their bedroom. We make sure it's the
14 patient we think should be in that bed in that bed,
15 make sure they're breathing, check their respirations.
16 And, again, that's every half hour in detox and every
17 hour in the residential. But that's above and beyond
18 when we see them in the times and places that we're
19 supposed to see them.

20 Every patient coming in will get a bracelet
21 with an RFID chip in it. And we will be able to tell
22 where they are at any time in the building.

23 This also kind of helps us with the groups.
24 It's also a great way to document that they're
25 attending different sessions and different groups. If

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54

1 somebody isn't in a group they're supposed to be in,
2 the support staff that are in charge of this will go
3 find that person. Typically they're either still in
4 bed or they're in the cafeteria. We'll know the minute
5 they're a minute late, and they will go and they will
6 get them and bring them to group.

7 MR. SACHS: For the record, what's an RFID
8 chip?

9 THE WITNESS: I'm sorry. It's a microchip
10 that can tell where somebody is at any time. It's kind
11 of like the one in your phone.

12 MR. SACHS: No, but what does RFID stand for?
13 Do we know?

14 THE WITNESS: RFID?

15 MR. SACHS: Radio frequency or something?

16 UNIDENTIFIED SPEAKER: Yeah, radio frequency.

17 MR. SACHS: All right. All right. Just so
18 the record is clear.

19 THE WITNESS: It's been so long since I
20 spelled it out. Yeah. Sorry.

21 BY MR. HIMELMAN:

22 Q Deni, before you go, so just so I'm clear and
23 the Board and public, so security cameras are
24 monitored, it's viewed at each nursing station,
25 correct?

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55

1 A Yes.

2 Q Okay. And all exits and entrances have
3 remote alarm systems, correct?

4 A Yes.

5 Q Okay. Thank you.

6 A Let me give you just a couple more things. When a
7 patient is admitted, again, these specialists will, in
8 front of the patient, we search every piece of their
9 luggage, including linings, sneaker linings,
10 everything, and including the person themselves. They
11 are in a very small hospital gown, and we move it
12 aside, and we search both the person and every bit of
13 their belongings.

14 We confiscate anything that we think is
15 inappropriate, and we lock it up. Just as an aside, we
16 also take their cell phone. If they were silly enough
17 to bring a laptop or an iPad, which we told them not
18 to, we would take that.

19 We take their wallets, because they don't
20 need any cash or credit cards, and we take their keys,
21 and we put them in a locked, secure facility that only
22 the staff have access to.

23 Q Now, when the patients are admitted, they are
24 thoroughly searched and their belongings are
25 inventoried, correct?

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56

1 A Yes.

2 Q So will you confiscate anything, if need be?
3 Because I wanted to address that.

4 A We absolutely will. So, anything that's
5 considered contraband we will confiscate. The
6 contraband is defined as anything that can be used as a
7 weapon or pose any kind of threat.

8 And a cell phone, frankly, is a kind of a
9 threat in our sites, because a cell phone can be used
10 to call a drug dealer or to call somebody that they
11 want to -- to deliver drugs. It would be tough for
12 them to get on site, but we don't even want to give
13 them that.

14 So contraband falls into kind of three areas.
15 So one would be cash, phones, iPads, laptops, credit
16 cards, wallets, cameras. Nobody can take pictures of
17 the site, with the exception of our 200 cameras.

18 Any kind of alcohol, illegal drugs, or
19 unauthorized prescriptions, they will be confiscated
20 and they will be disposed of according to a waste --
21 narcotic waste policy.

22 And then razor blades, straight razors,
23 knives, any kind of rope, any kind of chains, corded
24 items, aerosol cans, we take all of those. We,
25 frankly, even take aftershave or perfume, because it's

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57

1 got alcohol in it as well. We take hand sanitizer,
2 because that has alcohol as well, and people have been
3 known to drink that.

4 So anything in those areas are put back in a
5 locked facility.

6 Q Okay. Does RCA have any type of patient
7 safety management plan?

8 A We do. We have plans for numerous different
9 things. And I'm trying to remember if I have the --
10 kind of notes here.

11 But we have patient safety monitoring plans
12 for what to do if a patient does try and leave, what to
13 do if there's a hazard, what to do if there is, you
14 know, a nearby shooting, what to do -- I mean, there I
15 probably about eight or ten of them. And they're very
16 thoroughly thought out, and we are drilled on them all
17 the time.

18 Q Thank you. Now, you just mentioned about
19 discharge. What will the facility do if a patient
20 wants to leave before their scheduled discharge, if you
21 could address that, please?

22 A So, it's just the nature of the business. A
23 certain percentage of patients are going to want to
24 leave before we think it's best clinically.

25 Sometimes that's not concerning. You know,

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58

1 we had a father recently that was supposed to leave
2 Monday. That was his discharge date. We were all set
3 for that. But his daughter graduated on a Saturday.
4 So he left early, and that's technically considered he
5 left against medical advice.

6 We do have other ones where people say, "I'm"
7 -- you know, "I'm not buying this anymore. I don't
8 want to be here." So there's an entire protocol of
9 things we go through for that.

10 And you've got to remember and keep in mind
11 that, again, the majority of our patients, we've got
12 their phones, we've got their keys, we've got their
13 wallet, we've got their credit cards.

14 So we have protocols in place first to try
15 and do what we call block that against medical advice
16 leave. We have everybody from the psychiatrist to
17 their primary therapist to their family therapist to
18 calls to the family members to get them to talk the
19 patient into staying.

20 People are very high risk to leave right
21 after detox, because they've gotten the drugs out of
22 their system, but that's also the highest risk time for
23 them to overdose when they go out, because the drugs
24 are all out of their system. If they take anywhere the
25 same amount, they will overdose. So we put a lot of

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59

1 effort into this.

2 If we've got the -- the family, the family
3 therapists, the psychiatrist, then we even get patients
4 involved, the patients that are there that are
5 committed, they try to get the person to stay.

6 If that doesn't work, we say, "All right, you
7 know, I hear you. You're going to leave." And that
8 process, by the way, of convincing them with all
9 different people generally takes about an hour to an
10 hour and a half. And then it takes about another to
11 hour to hour and a half to get everything else done
12 they need to leave.

13 So what we need to do to let them leave is
14 they have to sign a form that says they're going
15 against medical advice. We have to know that they know
16 what that form means. They have to go and pack all
17 their belongings. They have to complete a discharge
18 survey. They don't want to leave without the
19 prescriptions they're on, so we get the doctor to come
20 in and write them a prescription for the next five or
21 so days.

22 We get with them on their continuing care
23 plan. We start a continuing care plan and what they'll
24 do after residential from the day they come in. So
25 it's always being updated and whatnot. But we want to

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60

1 finish that off before they go so they have the next
2 place to go.

3 We have to go get their personal belongings.
4 They have to sign for all of those. And then we do not
5 let them leave on their own. They have to either have
6 RCA transportation -- we have a car service of drivers
7 that work for us full time that will take them home or
8 where they want to go, within reason. And, also, their
9 family can come and pick them up, but it has to be a
10 family member that we already know that's on the
11 approved list that comes into the facility and we walk
12 them to the car.

13 Q Okay. Thank you for that explanation. How
14 do you handle overdoses and other medical emergencies?

15 A So if it's a medical emergency or psychiatric
16 emergency, we call an EMT, we call an ambulance, and
17 they come and they take them.

18 If we're in doubt about that, we will call
19 and we will have them transferred to a hospital. The
20 hospital will generally check them out. If the
21 hospital says they're okay to come back, we still have
22 our doctor check them out to make sure we believe
23 they're okay and safe to come back.

24 And sometimes it's just somebody fainted, and
25 we find out that they have an electrolyte imbalance.

Carise - Direct/Himelman

61

1 And other times, you know, we identify new medical
2 disorders, or their psychiatric problems, their
3 depression or whatnot really starts to escalate.

4 If somebody OD's on the site, 100 percent of
5 our staff are trained in administering Narcan. It's
6 available throughout the treatment center, and we give
7 them the Narcan. Like I said earlier, you cannot give
8 somebody Narcan, even if they're fine after that, and
9 just let it go. You have to still take them to the
10 hospital and have them observed for a while to make
11 sure the drugs in their system aren't going to
12 reattach.

13 If they've overdosed in the facility, we go
14 back out to the emergency room when they say they're
15 ready and we check with them, we do an intake right
16 there with them to make sure that they are safe. But
17 by this time, we've also searched all of their
18 belongings, which we have the right to do, and make
19 sure that they have no other drugs in the facility.

20 And sometimes we will bring them back, and if
21 we feel that it was an impulsive move and that they
22 feel -- you know, they see it as a mistake, we may
23 bring them back. We may put them at a different RCA
24 facility and tell them, "You're getting another chance
25 here." But to not continue treating somebody because

Carise - Direct/Himelman

62

1 they had a symptom of their disease is not something
2 that we would do, unless it were unsafe.

3 Anybody that brings drugs into the facility,
4 that gives them to other patients, that's unsafe. Now
5 I'm going to decline an admission, because I have an
6 obligation to the rest of the patients and staff.

7 Q Thank you. In terms of licensure by any
8 state agencies in New Jersey, what's required to
9 obtain?

10 A So, we're required to be licensed by the state for
11 each level of care, as we are in our other states. And
12 then also, in addition to that, we choose to be
13 accredited by the Joint Commission of Hospitals, which
14 is really the top level accreditation. There's another
15 accreditation called CARF, that is much easier to get,
16 but we really go for the Joint Commission, because that
17 is what all hospitals are accredited by.

18 Q So you will be licensed by the State of New
19 Jersey, correct?

20 A Yes, we will.

21 MR. SACHS: What type of licensing is it?
22 Can you please describe the specific licenses?

23 THE WITNESS: You know, I might have to
24 defer. The New Jersey state -- I believe it's your
25 single state agent. Every state has an SSA, and they

Carise - Direct/Himelman

63

1 license out of that office, but I'll have to --

2 MR. SACHS: Commissioner of Health? I mean
3 --

4 THE WITNESS: It's usually Commissioner of
5 Health, Department of Health and Human Services.

6 MR. SACHS: And can you provide that
7 information for us, Mr. Himelman?

8 THE WITNESS: I can.

9 MR. HIMELMAN: Yes. Absolutely.

10 MR. SACHS: Okay. Thank you.

11 MR. HIMELMAN: We can provide that shortly.

12 BY MR. HIMELMAN:

13 Q In terms of the community benefit to the
14 Borough of Sayreville should the facility be
15 implemented and approved, can you briefly describe
16 that?

17 A Yeah. I mean, I think there's a number of things.
18 Again, we're very committed to a community-based
19 response. I think that this is a disease and this is
20 an epidemic that is only going to be addressed at the
21 local and community levels, that it can't be something
22 that is done nationally that will fit everybody.

23 So we're very committed to that. One of the
24 things we do in our communities is we offer seminars,
25 both -- free seminars for family members of loved ones

Carise - Direct/Himelman

64

1 with problems. We offer support groups for them. We
2 often go to the police, to the chief of police -- and I
3 know your chief of police here is very involved and
4 very passionate about this issue -- and we offer to do
5 educational sessions or in any way that we can, you
6 know, kind of work with them.

7 We go to schools in the area and we provide
8 free seminars. And we also provide a place for
9 students, often in associate degree nursing programs or
10 counseling programs or up to physician assistant
11 programs we have now, too, where the students rotate in
12 our site, so to provide that. You know, we provide
13 revenue in the forms of payroll and taxes and income --
14 income tax and -- I'm sorry, real estate tax.

15 We'll have over 200 employees. We tend to
16 really hire locally. In a place where you have the
17 number five employee, and we now have over 1000
18 employees, this is a place where people really can move
19 up and grow in a career.

20 Our average salary -- it's a real range, but
21 we're going to say an average is about \$55,000 a year.
22 We provide a career track, like I said, for everybody.
23 We like to employ -- also, we've employed a lot of
24 retired folks and a lot of veterans in our other sites
25 to be either our drivers or other, you know, spots

Carise - Direct/Himelman

65

1 where they feel like they can, you know, be of service
2 with us and get employed. And really, our goal is to
3 help sick folks to get well. And if we can do that in
4 a community, we think we can see a real ripple effect.

5 Q Now, how will patients be covered -- you
6 mentioned that a little bit, but if you can just
7 reiterate that. How will patients be covered and pay
8 for treatment at the proposed facility?

9 A Typically, we are about 90 percent commercial
10 insurance. There's often a copay or a, you know, a
11 piece that they pay up-front. But insurance coverage
12 is quite good in general.

13 And then about 10 percent of people will
14 actually self pay. Self pay comes in one of two ways.
15 It's either somebody that doesn't want this on their
16 insurance record -- which is a shame, because we still
17 do have the stigma of what a substance abuser is, you
18 know, that this is a bad, dirty, you know, homeless
19 person that, you know, has low willpower, as opposed to
20 somebody with, you know, a medical disorder.

21 So some people will choose to be entirely
22 self pay. But more often, the self pay piece is when
23 insurance will cover 14, 15, 16 days, they'll pay for
24 another six, eight, nine, ten days.

25 Q Thank you. I don't have any further direct

Carise - Direct/Himelman

66

1 questions, Dr. Carise. If you wanted to add something
2 or supplement your testimony, or do you think we've
3 covered all the issues?

4 A We've covered all the issues, but I can't help but
5 want to reinforce that this is an enormous problem in
6 our culture today, and this is -- these are not bad
7 people trying to get good. These are sick people
8 trying to get well. That I understand communities and
9 their concerns about things, and I hope that some of
10 what I said tonight can alleviate some of that, but
11 also that I can answer any questions.

12 I can commit to you that I will be completely
13 transparent about what we do and about how we do it.
14 And, you know, this -- the opioid crisis, which really
15 did start with pharmaceutical companies and the
16 proliferation of the medications and the teaching of
17 doctors that everybody should be in no pain and then to
18 get the measurement of pain put onto one of the five
19 vital signs, which led to doctors being sued if they
20 didn't take care of the pain and getting low health
21 grade scores and being trained by pharmaceutical
22 companies that these are not addictive, really, when
23 they really are.

24 I know Purdue Pharma was fined \$624 million
25 and paid that fine which is, for them, frankly, the

Carise - Direct/Himelman

67

1 cost of doing business. That really started this whole
2 thing, along with a resurgence of -- of heroin from
3 Mexico.

4 We used to get about 90 percent of our heroin
5 from Colombia, and now today we get about 90 percent of
6 our heroin from Mexico. And they really revolutionized
7 the dealing and delivery of it. And the dealers
8 actually -- they were a no weapons, no problems,
9 customer service oriented. They really put out -- and
10 they were often one town, frankly. They put out --
11 they were the Domino's of heroin delivery. It was the
12 first time, maybe eight years ago, you could call them
13 up and they would come and they would deliver to the
14 CVS near your house or this or that.

15 They were nice guys. They specifically
16 targeted, as did Purdue Pharma, these kind of rural
17 American areas where people had -- I mean, you wonder
18 why such a problem in Kentucky and Ohio, there's really
19 real reasons why, that places that had many people who
20 had injuries from either coal mines or steel mills that
21 had shut down, many of whom were on Medicaid, they were
22 really targeted in the sales force for pharmaceutical
23 opioids and the Mexican group really followed right
24 behind them with this whole new customer service.

25 If you said to them -- I mean, they were

Carise - Direct/Himelman

68

1 trained in customer service. If you said, "We don't
2 want -- I'm going to quit. I don't want anymore," they
3 said, "Okay, no problem."

4 And they'd call you up, like, four or five
5 days later, "I just want to make sure you still quit.
6 I've got some great stuff, but if you quit, it's okay."
7 And they really revolutionized.

8 So those two things really developed this
9 into a problem that is, frankly, middle class America.
10 These are your spouses. These are your kids. These
11 are your neighbors. These are your coworkers.

12 And I just can't impress how different that
13 is and how much we've also had to adjust treatment for
14 that and that we really need to get a handle on this
15 before it gets worse.

16 MR. HIMELMAN: Thank you very much for your
17 detailed and well thought out explanation.

18 Mr. Chairman, do you have -- does the board
19 or your professionals have any questions for Dr.
20 Carise?

21 MR. CHAIRMAN: I'm sure we have some
22 questions.

23 EXAMINATION BY VICE CHAIRMAN HENRY:

24 Q Now, just to clarify a couple of things here.
25 Now, do you have a security guard there?

Carise - Examination/Vice Chairman Henry

69

1 A We do. We have a full time, and we have about
2 anywhere from 8 to 12 basically security staff. Yeah.

3 Q Okay.

4 A We -- again, I'll be totally up-front. We do not
5 have an armed guard there.

6 Q Right. No. I was just curious.

7 A Okay. I just want to be clear.

8 Q Yeah, someone to take care of any problems
9 that might come about or something like that.

10 A Yes. Absolutely.

11 Q Now, you say they can leave, technically.
12 They're not locked in there.

13 A That's right.

14 Q They can leave technically at any time they
15 want. Say if someone wanted to leave at 2:00 o'clock
16 in the morning, they're not sure about it. They just
17 go out and leave.

18 A Yep.

19 Q Would you call the police?

20 A Yes, we would. There's a very clear protocol. So
21 if they left at 2:00 in the morning, you've got to
22 appreciate, they're leaving without their phone,
23 without their keys, without their wallet, without their
24 money. It's 2:00 in the morning. They go out a door.
25 The door is locked and alarmed. An alarm will go off

Carise - Examination/Vice Chairman Henry

70

1 at all of the nurse's station, and there's a very clear
2 protocol of who goes and goes right to that area to
3 find the person.

4 If we find the person, we try very, very hard
5 to bring them back in. We talk to them about how we
6 want to give their money and their keys back and their
7 phone back. That will give them transportation home.
8 If we cannot do that, frankly, they are now not a
9 patient of ours. They are, frankly, what do you call
10 it, trespassing. And we will call the police to let
11 them know the person left.

12 I will tell you, this has not happened in any
13 of our sites yet. But if that happened, we have a very
14 clear protocol about it, and we would call the police,
15 yes.

16 Q And how many people do you have on staff,
17 say, the midnight shift, 12:00 to 7:00 or so?

18 A I would say -- we have 115 during the day. I'm
19 going to say we have 90 overnight. Yeah.

20 Q Do you take criminals?

21 A Do we take criminals?

22 Q Yes.

23 A I'm pretty sure, based on New Jersey law, we can't
24 decline somebody because they're a criminal, because
25 this is a group that's covered by the ADA.

Carise - Examination/Vice Chairman Henry

71

1 So we can't decline them because they're a
2 criminal. We ask them and we ask their collateral
3 spouses all about criminal activity, about setting
4 fires.

5 I can decline to take somebody because
6 they've engaged in activity that would be harmful to
7 our patients, possibly our staff, and even our
8 neighbors. So I can decline them for that, but I can't
9 decline them for -- you know, I can't say, "You're a
10 criminal, so we won't take you."

11 Q Right.

12 A But we have very clear things. I've never once
13 taken somebody who's had an arson problem.

14 Q Now, do you supply Methadone? I know there's
15 Methadone clinics out there. Do you do that kind of
16 service?

17 A No. We're not a Methadone clinic. In detox, we
18 use medications so that we can taper them down off
19 their drug. Typically, it's Suboxone or other
20 medications like that, but we are not a Methadone
21 clinic. We will not do Methadone outpatient. It's a
22 whole separate license with a whole separate DEA
23 license as well. That is not what we do.

24 Q Yeah, I think you just might have mentioned
25 it. I'm not sure. Have you had problems at other

Carise - Examination/Vice Chairman Henry

72

1 locations, you know, criminal-type problems, so to say?

2 A Criminal theft problems, did you say?

3 Q Well, at other locations, someone wanted to
4 leave and -- I don't know --

5 A We haven't had people leave in the middle of the
6 night, and we haven't had any kind of theft problems.

7 We've had clinical problems. We've had --

8 Q But you haven't had any kind of problems
9 where people from your facility have gone and created
10 some kind of robbery or anything else like that?

11 A Absolutely not. Yeah.

12 Q And what is your success rate for the people?

13 A It's a great question with a terrible answer. You
14 know, we're a field that doesn't have a definition of
15 success. And when we do define success, we do it in a
16 terrible way. We define it as though -- success in
17 diabetes treatment means that a year after treatment
18 you've never had a sugar crisis.

19 So when a field does define success, they
20 tend to say sober for one year. First of all, we
21 haven't been open that long. But also, we -- you know,
22 we're not defining success that way.

23 We would define success by things like less
24 ER visits, less time -- less family discord. And we
25 collect data on that, but we're fairly new.

Carise - Examination/Mr. Chairman

73

1 VICE CHAIRMAN HENRY: Thank you.

2 MR. HIMELMAN: For the record, I did verify
3 the license that's required.

4 THE WITNESS: Thank you.

5 MR. HIMELMAN: So that would be issued by the
6 New Jersey Department of Health, Division of Mental
7 Health and Addiction Services. And they are licensed
8 for the following programs: general outpatient
9 program, intensive outpatient program, partial care
10 program, subacute residential detox, and long-term
11 residential program.

12 MR. SACHS: Thank you.

13 MR. HIMELMAN: You're welcome.

14 MR. CHAIRMAN: I have a couple of questions.

15 EXAMINATION BY MR. CHAIRMAN:

16 Q Could you clarify again how -- how much of
17 your staff is on staff from, say, midnight until 7:00
18 o'clock in the morning?

19 A You know, I don't have the exact number. I can
20 get that for you. It is less than is on during the
21 day, because the administrative staff aren't there.
22 But I don't -- do any of you guys have the numbers of
23 that? Yeah, I can look it up and get it for you.

24 It is not -- I will tell you this. It is not
25 a skeleton staff. We have, again, always a full-time

Carise - Examination/Mr. Chairman

74

1 RN. We have nurses, LPN's. We have those recovery
 2 support staff. We have the people doing the rounds
 3 during the day. We have the ground rounds outside at
 4 night. But I can get you an exact number.
 5 Q Okay.
 6 A I'm sorry. I don't have that right away.
 7 Q And I want to clarify this. Did you say
 8 before if a person overdoses in your facility that they
 9 are taken to a hospital, a local hospital? Am I
 10 correct in that?
 11 A Yes.
 12 Q That is automatic?
 13 A That is automatic.
 14 Q They're taken to a hospital?
 15 A Oh, absolutely.
 16 Q Okay. Let's say that a person in Sayreville
 17 is drunk and disorderly and he's picked up by the
 18 Sayreville Police Department and he's taken to the
 19 hospital. Let's say Perth Amboy or New Brunswick.
 20 A Okay.
 21 Q And while he's at that hospital, that
 22 hospital decides to call you --
 23 A Yeah.
 24 Q -- and ask you for a referral admission.
 25 Would you do that?

Carise - Examination/Mr. Chairman

75

1 A We would have -- we would have --
 2 MR. SACHS: Let me just stop for a second.
 3 You're talking about someone who is arrested? Because
 4 my understanding is the applicant has agreed -- and I
 5 believe this would have to be a condition if this board
 6 were to act favorably, that you will not accept any
 7 referrals from any criminal agency in the State of New
 8 Jersey. That would include Department of Corrections.
 9 That would include the Superior Court of New Jersey.
 10 That would include the Sayreville Municipal Court or
 11 any other authority. I mean, so -- is that what you
 12 were alluding to, Mr. Chairman?
 13 MR. CHAIRMAN: Well, there are times when the
 14 person is just taken to the hospital without an arrest.
 15 MR. HIMELMAN: That's different.
 16 MR. SACHS: Okay. That's different.
 17 BY MR. CHAIRMAN:
 18 Q What you're saying, if we're going to use the
 19 two prongs here, if there is an arrest, you're not
 20 going to accept him, correct?
 21 A What --
 22 Q I think you've stipulated that you do not
 23 take any -- any referrals from any -- from any criminal
 24 courts or law enforcement agencies.
 25 MR. HIMELMAN: Mr. Sachs, that's my

Carise - Examination/Mr. Sachs

76

1 understanding.

2 BY MR. CHAIRMAN:

3 Q That is something that is akin to a prison.

4 MR. HIMELMAN: No. Mr. Sachs, that's my
5 understanding. I believe you're correct.

6 THE WITNESS: Yeah. That's right.

7 MR. SACHS: All right. All right. I just
8 want to make sure that's clear.

9 MR. HIMELMAN: And I think she testified to
10 that.

11 MR. SACHS: All right.

12 MR. HIMELMAN: You can clarify.

13 THE WITNESS: You know, let me --

14 MR. ESPOSITO: Well, you're a criminal --
15 after you get arrested, you're a criminal after you get
16 found guilty in court. There is that fine line.

17 MR. SACHS: Well, yeah. I don't think -- I
18 don't think there could be a restriction of this site
19 to not accept someone who has been convicted of a crime
20 at some point in their past. And I think that's a
21 screening process that I think this witness has
22 testified to.

23 MR. HIMELMAN: That's correct.

24 MR. CHAIRMAN: So I don't want to play on
25 words when you talk a criminal arrest. I'm talking

Carise - Examination/Mr. Chairman

77

1 about someone who, let's say, is intoxicated, drunk,
2 and disorderly, which is a very minor charge. Yes,
3 there is an arrest there. He's being held against his
4 will, or she is being held against the will, but taken
5 to the hospital, and they say, "Let's call RCA up and
6 ask if you'll take them."

7 BY MR. CHAIRMAN:

8 Q That's what I'm asking. Would you -- do you
9 take those kind of referrals?

10 A Are they still being held against their will, and
11 are they sending us to be held against their will? No,
12 we wouldn't take that.

13 Q You wouldn't take that?

14 A No. Now -- and, again, I just wanted to be as
15 transparent as possible. Do we take people that have
16 been -- whose lawyers say, "You know, you've been, you
17 know, arrested for drunk driving, it would look good if
18 you're treatment"?

19 Q That's different. I understand.

20 A Okay. I just want to make sure. I don't want to
21 --

22 MR. HIMELMAN: That's a different -- the
23 question is are we taking referrals directly from any
24 --

25 THE WITNESS: No. We don't take directly

Carise - Examination/Unidentified Speaker

78

1 from criminal justice system --

2 MR. HIMELMAN: -- any criminal --

3 THE WITNESS: We're never -- never in lieu of
4 jail. Never.

5 MR. CHAIRMAN: Right. That's -- I want that
6 --

7 THE WITNESS: I just want to make sure. I
8 want to be as honest as, you know, possible.

9 MR. SACHS: Well, you can be transparent, but
10 I'm going to tell you -- and I appreciate that -- but I
11 want it to be clear what stipulations could be imposed
12 here if this board acts favorably, and I'm going to
13 tell you, that would be one of them.

14 MR. HIMELMAN: We understand.

15 MR. SACHS: Amongst others, but --

16 MR. HIMELMAN: Chairman Green, are you
17 comfortable with that response?

18 MR. CHAIRMAN: Yes. Okay. Does the board
19 have any other questions?

20 UNIDENTIFIED SPEAKER: I have a couple.

21 THE WITNESS: Okay.

22 EXAMINATION BY UNIDENTIFIED SPEAKER:

23 Q What determines outpatient versus inpatient?

24 A That's a great question. There is a set of
25 criteria from the American Association of Addiction

Carise - Examination/Unidentified Speaker

79

1 Medicine, and they have very specific criteria, as do
2 the insurance companies, as to what they will cover in
3 inpatient versus outpatient.

4 It's incredibly common that insurances will
5 say, "They don't need in-patient, they need
6 outpatient."

7 In an ideal world, somebody gets some time
8 away from the world to focus 24 hours a day on getting
9 well, and then they get continued in the outpatient.
10 We don't want to provide a higher level of care than
11 they need, but we don't want to provide a lower level
12 of care than they need. So we go by the AAAM criteria.

13 Q Do you have patients who are in-patient,
14 complete the program, and then go into outpatient?

15 A Yes. Yeah. Almost all of our outpatients are
16 patients from our own facility.

17 Q Okay. The second one is emergency treatment.
18 And you mentioned they would be transported to a
19 hospital for treatment. And the transportation would
20 be by private ambulance or --

21 A Yes.

22 Q Okay.

23 A Yeah.

24 Q Because we have a volunteer first aid squad.

25 A Well, actually, I'm sorry, because I thought you

Carise - Examination/Unidentified Speaker

80

1 meant by private ambulances versus would RCA drive
2 them. If there's an emergency, we're not going to
3 drive them. So I'd have to learn more about that, but
4 I can imagine it can be either, but I don't know enough
5 to know that.

6 What I do know is if there's a medical
7 emergency, we're not putting them in our car and taking
8 them, because we want medical -- you know, high level
9 medical as fast as possible.

10 Q And are there -- or will there be any
11 arrangements with a specific hospital?

12 A What we generally do is before we open up in an
13 area, we go to talk to the local hospitals and we talk
14 to them about -- you know, in some places they'll say,
15 "No, you have to go here first, you go there first," so
16 we try to make these liaison arrangements with the
17 hospital, so that they know we're there and that when
18 they call, you know, they're familiar with us.

19 Q And I guess my final question is with regard
20 to a program to detect collusion between a staff member
21 and a patient.

22 A Yep. Got it. So we have a lot of things in place
23 for that. There are some things that you can just --
24 you spell it out to your staff, and they sign a
25 commitment form that that's what they will do. So, for

Carise - Examination/Unidentified Speaker

81

1 example, male staff members are not allowed alone in a
2 female's room ever, for any reason. There has to be
3 two people.

4 And they will -- they can get fired if they
5 are in a room with a female, whether it's a group room,
6 the bedroom, whatever, whether they're fixing the TV,
7 you know, whatever. And so that's one of them.

8 We have -- on the women's unit -- we're going
9 to actually separate women and men, because we -- this
10 is an issue that -- that men and women are, you know,
11 bound to want to join each other, join together, so we
12 do -- in this site we're separating men and women.
13 When possible, all of the staff on the women's unit
14 will be female staff. When that's simply not possible,
15 a male staff will never be alone with a female staff.

16 Q Okay. Now, what about if you have contraband
17 that has been taken from a patient coming that's
18 secured?

19 A Yes.

20 Q Does the staff have access to that to share
21 with patients?

22 A There will be one or two staff that have a key to
23 that room. If -- I can tell you if we found a staff
24 member sharing it with them, we would fire them
25 immediately. I can --

1 Q I know, for example, hospitals have codes
2 that they use that they can track then who accessed
3 that.

4 A Oh, yeah. Oh, yeah. Yeah. There's only, like,
5 two people that will have a key to that. So if it's
6 open, it's going to be one of two people.

7 The -- the worst thing we've had is a staff
8 member that feels bad for a patient and lets them call
9 their mother on their cell phone, because they don't
10 know the number. But even that is not acceptable.

11 MR. HIMELMAN: Can I just ask a follow-up
12 question about the referrals?

13 EXAMINATION BY MR. HIMELMAN:

14 Q So I presume that many of your records -- if
15 I'm wrong -- many of the referrals would be from local
16 medical practices and medical groups from the area? Is
17 that fair to say?

18 A It's fair to say. 36 percent come from either
19 local hospitals or other treatment programs. It's very
20 interesting that in this field the medical profession
21 is typically a low referral source comparatively to the
22 others. It's very interesting to me.

23 It's not surprising when you realize that
24 until just recently there was absolutely no education
25 required on substance use treatment or substance use

1 disorders in medical schools, and now we have a
2 requirement of, like, a two-hour class on it, which is
3 just crazy. So it doesn't surprise me that they don't
4 refer as often.

5 But we do have people that are in the
6 community that work for RCA that make relationships
7 with docs that might need us. They will make
8 relationship with, you know, different healthcare
9 providers to let them know that we're here and try and,
10 you know, boost that up. But it's interesting.

11 MR. HIMELMAN: Thank you. Chairman Green,
12 did you have any other questions?

13 MS. CATALLO: I have a question.

14 EXAMINATION BY MS. CATALLO:

15 Q You mentioned you treat drug addiction,
16 alcohol addiction, and you mentioned something about
17 mental health disorders.

18 A Right.

19 Q Can you explain that to me?

20 A Yeah, I can. We -- many of our patients coming in
21 have a co-occurring mental health diagnosis. It's
22 typically anxiety disorder or depression. We are not a
23 psychiatric facility in the sense that we don't take
24 patients who just have a psychiatric disorder and not
25 substance use disorder.

1 The psychiatric disorder, sometimes it's
2 tough to tell, but it's usually -- it's definitely
3 secondary in terms of the presenting problem at that
4 moment. I think it's incredibly important that we have
5 psychiatry availability that people can talk with
6 somebody about what's going on. I believe strongly
7 that giving a diabetic insulin and giving somebody who
8 is profoundly depressed an antidepressant are very
9 equivalent things.

10 That said, we really, you know, are very
11 careful about what we would prescribe to somebody with
12 a substance use disorder, as is anybody in recovery
13 careful about what they would take.

14 EXAMINATION BY MR. CHAIRMAN:

15 Q Question. Do you accept Medicare or Medicaid
16 patients?

17 A In two of our sites, we do, and in three of our
18 sites, we don't. I think part of it depends upon the
19 need, what's available, and whether or not we can get a
20 good -- a contract with them that allows us to treat
21 them.

22 I think that we do not have it planned for
23 this facility. We have a facility in New Jersey
24 already, and we have checked out, you know, what it
25 would be like to take Medicaid patients, and it's not a

1 viable thing for this state right now. I believe it
2 might be possible in the future, because I -- honestly,
3 I don't want to not care for people who need our care.

4 But right now, it's not something that we do
5 in New Jersey, and I -- I don't know that it would
6 change.

7 EXAMINATION BY MR. ESPOSITO:

8 Q Is there -- is it a financial reason that you
9 don't? They don't pay as well?

10 A Um --

11 Q I mean, it's fine. I'm a capitalist. I like
12 money.

13 A You know what, it's okay. It's not the only
14 reason. Part of it is some of the rubrics. But let me
15 give you an example.

16 Q Please.

17 A Medicaid may pay \$200 a day to treat a patient.
18 It costs us 500 or 600, you know, a day for our staff.

19 Q Sure.

20 A You know, we had another state that negotiated a
21 way that we could break even with them, and so we want
22 to be able to treat everybody with this disease.

23 Q Okay. So it's not so much the financial
24 status of the person, it's the payout of Medicare?

25 A Yeah.

Carise - Examination/Mr. Emma

86

1 Q Okay. That's -- thank you.

2 MR. CHAIRMAN: Any other questions?

3 MR. EMMA: I have a couple of questions.

4 EXAMINATION BY MR. EMMA:

5 Q As far as, like, the monitoring, the patients
6 are monitored at all times, except for the bathroom?

7 A Right. Yes.

8 Q You spoke about the cameras. Now, the
9 nurse's stations, they have the ability to view some of
10 the -- some of the cameras?

11 A The camera guy actually is here. Maybe he can do
12 more. But -- is he allowed to -- I'm sorry.

13 MR. HIMELMAN: We do have someone here who is
14 familiar with our security system protocol, and we can
15 certainly have him brought up, if need be. But why
16 don't you ask your question, and then we can see where
17 we can go from there.

18 BY MR. EMMA:

19 Q Well, I'm wondering how much -- how many of
20 the cameras do they get to view? And are you relying
21 on the nurses to actually monitor these cameras?
22 Because you talked about you have about eight to ten
23 security staff. Do they do that also?

24 A They do that also. And the nurses have -- again,
25 there is 150 to 200 cameras. The nurses will have, I

Carise - Examination/Mr. Emma

87

1 believe, visibility to all the cameras on their unit,
2 as well as the fact that if a door is opened that is
3 not supposed to be opened, they will all get a buzz,
4 you know, an alarm that will go off at the nurse's
5 station. It's something that when nurses are there
6 doing paperwork, they can see right away.

7 The other thing I don't think I mentioned
8 earlier is that the cameras record, some motion
9 detected, some all the time. And that is not taped
10 over, you know, a week or two weeks later. That is
11 kept. And right now it's kept indefinitely.

12 Q Okay. The doors are armed. Are the windows
13 armed, and can they -- do they have the ability to
14 climb out of a window?

15 A They don't have the ability to climb out of a
16 window. I don't know if we have them basically
17 permanently locked or armed. And one of the reasons
18 for that, too, is the safety issue for patients to not
19 be able to crawl out of a window, as well as, you know,
20 not wanting them to leave.

21 The other piece is that with the RFID
22 bracelets, they're very -- they're significant
23 bracelets. They're not like ankle bracelets, but they
24 are very sturdy bracelets. And there are -- you can
25 imagine in a place like this, there are no knives,

Carise - Examination/Mr. Emma

88

1 there are no scissors hanging around. They are very
2 hard to get off. So the idea that somebody could get
3 one of those off and leave from their bed is -- is hard
4 to imagine.

5 Q Are all the residential units on the -- this
6 is like two floors? Three floors? That's a picture of
7 it?

8 MR. HIMELMAN: Well, that's a picture of the
9 current building under construction.

10 BY MR. EMMA:

11 Q So there aren't going to be any rooms on the
12 bottom floor, so they wouldn't have the ability to
13 climb out of a window?

14 A I don't know if we have patients on the bottom
15 floor, because I tend to get involved with the
16 clinical.

17 Do we have patients on the bottom floor?

18 UNIDENTIFIED SPEAKER: No.

19 A No. No patients on the bottom floor. That's
20 pretty common.

21 Q All right. So they're all upstairs.

22 A And, again, because this building -- we have a
23 prototype if we build a building that I know there
24 wouldn't be any. But when we take a building that's
25 almost done, sometimes it's different. But there are

Carise - Examination/Mr. Emma

89

1 no patient rooms scheduled for the bottom floor, and
2 the -- you know, the windows are locked.

3 MR. HIMELMAN: And it's my understanding we
4 can have further testimony that the windows are not
5 operable, so nobody could just get out.

6 THE WITNESS: Right.

7 MR. CHAIRMAN: I have another question, but
8 I'm not sure that it's for you. I'll throw the
9 question out there so that when the right person comes
10 --

11 THE WITNESS: Thank you.

12 MR. CHAIRMAN: -- to the microphone, they'll
13 be able to answer it.

14 MR. HIMELMAN: Sure.

15 MR. CHAIRMAN: It's my understanding that RCA
16 is going to lease this property from Briarwood. Am I
17 correct in that statement?

18 MR. HIMELMAN: From the current owner,
19 correct.

20 MR. CHAIRMAN: From the current owner. Is
21 this -- what kind of a lease is this? Is this a
22 short-term lease, a long-term lease? What's the
23 expected time element that this lease will be in
24 effect?

25 MR. HIMELMAN: I am not sure of the details

Carise - Examination/Mr. Emma

90

1 of that, because that's being negotiated at this point.
 2 I certainly can have a representative of the applicant
 3 address that question.
 4 UNIDENTIFIED SPEAKER: 15 years.
 5 MR. HIMELMAN: Oh, a 15-year lease.
 6 UNIDENTIFIED SPEAKER: With four ten-year
 7 options.
 8 MR. HIMELMAN: With four ten-year options.
 9 THE WITNESS: That's what I was going to say.
 10 MR. CHAIRMAN: Okay. So it's a long-term
 11 lease?
 12 MR. HIMELMAN: Yes.
 13 MR. ESPOSITO: Whose option? Yours or theirs?
 14 MR. SACHS: The tenant's.
 15 MR. HIMELMAN: It would be the tenant's
 16 option.
 17 MR. ESPOSITO: Okay.
 18 MR. CHAIRMAN: Always will be the tenant's
 19 option.
 20 MR. ESPOSITO: Always? Okay.
 21 MR. CHAIRMAN: Yeah. Any other questions from
 22 the Board?
 23 THE WITNESS: Thank you so much for your
 24 patience and your --
 25 MR. HIMELMAN: Mr. Sachs, I do have some

Carise - Examination/Mr. Emma

91

1 handouts that I would probably want to mark. This is
 2 just for the -- pretty much providing a lot of the
 3 information in detail that this witness provided. I
 4 mean, we can have it marked or -- but I do have
 5 handouts which reflect a lot of the information, plus
 6 there are some pictures of existing facilities, either
 7 that are approved or under construction or operating by
 8 RCA.
 9 MR. SACHS: My only concern is the -- is the
 10 hearsay issue, if it's not being testified to.
 11 MR. HIMELMAN: Well, I understand that. I
 12 mean, a lot of the information is what she did testify
 13 to.
 14 MR. SACHS: I think the record will reflect
 15 that. If you like, Mr. Himelman, I'll take a look at
 16 it.
 17 MR. HIMELMAN: Okay.
 18 MR. SACHS: I think maybe we'll probably be
 19 taking a break anyway, because we've been going for
 20 about an hour and a half. But I'll take a look at it.
 21 If it's -- if it's something that wasn't testified to,
 22 I would probably exclude it as hearsay. But if it's
 23 part of her -- you know, I mean, we do have --
 24 obviously --
 25 MR. HIMELMAN: And we have other witnesses,

1 also.

2 MR. SACHS: I understand. Yeah. Okay.

3 That's fine.

4 MR. HIMELMAN: Thank you.

5 THE WITNESS: Just so you know, I was just
6 told, we do take Medicaid for out-patient in New
7 Jersey.

8 MR. HIMELMAN: Okay.

9 UNIDENTIFIED SPEAKER: Medicaid or Medicare?

10 THE WITNESS: I'm sorry. Medicare.

11 UNIDENTIFIED SPEAKER: Medicare.

12 THE WITNESS: No, I'm sorry.

13 MR. HIMELMAN: Medicaid.

14 THE WITNESS: Medicaid.

15 MR. HIMELMAN: Medicaid.

16 THE WITNESS: Medicaid.

17 MR. HIMELMAN: Medicaid through the state.

18 UNIDENTIFIED SPEAKER: Medicaid?

19 MR. HIMELMAN: Medicaid, yes.

20 MR. CHAIRMAN: We're going to take a
21 ten-minute break.

22 MR. HIMELMAN: Done.

23 MR. CHAIRMAN: We'll resume with your next
24 witness.

25 MR. HIMELMAN: Thank you very much.

1 (Recess)

2 MR. CHAIRMAN: Okay. I'm going to call this
3 meeting back to order. First I need a roll call.

4 THE CLERK: Mr. Green?

5 MR. GREEN: Here.

6 THE CLERK: Mr. Kreismer?

7 MR. KREISMER: Here.

8 THE CLERK: Ms. Catallo?

9 MS. CATALLO: Here.

10 THE CLERK: Mr. Corrigan?

11 MR. CORRIGAN: Here.

12 THE CLERK: Mr. Henry?

13 MR. HENRY: Here.

14 THE CLERK: Mr. Emma?

15 MR. EMMA: Here.

16 THE CLERK: Mr. Esposito?

17 MR. CHAIRMAN: Okay. Before we continue, Mr.
18 Sachs has a statement he wants to make to --

19 MR. SACHS: Thank you, Mr. Chairman. And
20 this is, I think, directed to the members of the
21 public, just so -- to give you an understanding of
22 what's going to be proceeding for the rest of the
23 evening and whether or not this application will be
24 voted on this evening.

25 First of all, we can only go until about

Colloquy

94

1 10:15 this evening. So we have about another hour. I
 2 know Mr. Himelman has four more witnesses. I'm
 3 assuming we'll get through maybe at least two, maybe
 4 three. All right. But it's -- we're obviously going
 5 to come back at another meeting, most likely our next
 6 meeting in -- next scheduled zoning board meeting,
 7 which is in December. All right.

8 And at that particular time, if you have
 9 questions, all of their witnesses will be back here.
 10 All of their five witnesses will be back here, and
 11 you'll have an opportunity during that public portion
 12 to ask any questions you might have.

13 All right. So does that answer some of the
 14 questions that were raised during the break? Okay.
 15 All right. Thank you.

16 MR. CHAIRMAN: Before we continue, Joan, what
 17 is our meeting date for December?

18 THE CLERK: December 13th.

19 MR. CHAIRMAN: December 13th?

20 THE CLERK: December 13th. We do have a
 21 couple of uses and --

22 MR. CHAIRMAN: So it will be December 13th.
 23 And you will not receive any further notice, but don't
 24 leave, because we probably have another hour's worth of
 25 testimony. All right. But December 13th will be the

Colloquy

95

1 zoning board meeting when this application will be
 2 carried to. And I would assume it will be carried to
 3 conclusion on that evening. All right.

4 And at that meeting on December 13th, I will
 5 open it up to the public, and you'll get your
 6 opportunity to ask any questions that you have and
 7 discuss it further. Okay. Mr. Himelman --

8 MR. HIMELMAN: Yes.

9 MR. CHAIRMAN: -- December 13th will be that
 10 next one.

11 MR. HIMELMAN: Yes, Mr. Chairman.

12 MR. CHAIRMAN: That's -- you're agreeable
 13 with that?

14 MR. HIMELMAN: Yes. I mean, obviously, we
 15 would have liked to have gotten through the testimony,
 16 but we understand one of your board members has to
 17 leave at 10:15.

18 MR. CHAIRMAN: Let's see how far you get.

19 MR. HIMELMAN: Right.

20 MR. CHAIRMAN: Let's see how far you get.

21 MR. HIMELMAN: Very good. Thank you, Mr.

22 Chairman.

23 MR. CHAIRMAN: Proceed.

24 MR. HIMELMAN: Next we have Scott Turner, who
 25 is our civil site engineer from Menlo Engineering. We

Turner - Direct/Himelman

96

1 would have to have him sworn and qualified.

2 Scott.

3 MR. CHAIRMAN: Mr. Turner, please raise your
4 right hand.

5 S C O T T T U R N E R, WITNESS, SWORN

6 MR. CHAIRMAN: Please state your name,
7 spelling your last name, professional affiliation for
8 the record.

9 THE WITNESS: Scott Turner, T-U-R-N-E-R. And
10 I -- I work for Menlo Engineering Associates.

11 DIRECT EXAMINATION BY MR. HIMELMAN:

12 Q And can you just give a brief description of
13 your professional background, licenses you've held, and
14 if you've testified before any zoning and planning
15 boards in the State of New Jersey?

16 A Sure.

17 Q Thank you.

18 A Yes. I am a graduate of the New Jersey Institute
19 of Technology. I hold a bachelor's of science degree
20 in civil engineering. I'm a principal engineer with
21 Menlo Engineering Associates. I have nearly 30 years
22 of experience in the field of civil engineer and land
23 development. I'm a licensed professional engineer in
24 the State of New Jersey, and I have provided
25 professional engineering testimony in front of many

Turner - Direct/Himelman

97

1 planning and zoning boards throughout the State of New
2 Jersey.

3 MR. HIMELMAN: Thank you, Mr. Turner. I
4 would offer him, Mr. Sachs, as an expert in civil and
5 site engineering.

6 MR. SACHS: I believe Mr. Turner has
7 testified here on other occasions.

8 THE WITNESS: I have.

9 MR. SACHS: So, Mr. Chairman --

10 MR. CHAIRMAN: Make the motion that we accept
11 his credentials?

12 UNIDENTIFIED SPEAKER: So moved.

13 UNIDENTIFIED SPEAKER: Second.

14 MR. CHAIRMAN: Proceed.

15 MR. SACHS: Thank you, Mr. Chairman.

16 MR. HIMELMAN: Thank you, Mr. Chairman.

17 BY MR. HIMELMAN:

18 Q Mr. Turner, I understand you've brought
19 several exhibits with you this evening. We can have
20 those marked.

21 Before we do that, though, just to sort of
22 orient the Board and the members of the public, it's my
23 understanding that your testimony primarily relates to
24 an amended site plan application that was originally
25 filed with the Sayreville Planning Board to increase

Turner - Direct/Himelman

98

1 the parking at this particular property location; is
2 that correct?

3 A Yes, that is correct.

4 Q Okay. And have you brought any exhibits with
5 you for this evening?

6 A I have. I have one exhibit that I plan on using,
7 so I'd like to mark that one.

8 Q Please. Why don't you have that marked.

9 MR. SACHS: Let's mark that as A-1.

10 (EXHIBIT A-1 MARKED FOR IDENTIFICATION)

11 THE WITNESS: Marked as A-1.

12 BY MR. HIMELMAN:

13 Q Okay. Mr. Turner, now, under your direction
14 or through Menlo, did your -- did you or your office
15 prepare an amended site plan relating to the additional
16 parking?

17 A Yes.

18 Q And, if so, if you would briefly walk the
19 Board through that application and the proposed site
20 plan amendment and describe in detail the proposed
21 revisions from the original site plan which was
22 approved by the planning board. Thank you.

23 A Sure. I will. First of all, good evening, Mr.
24 Chairman, Board members. It's nice to see you all.

25 I'm going to start by giving you a brief

Turner - Direct/Himelman

99

1 overview of the property and the surrounding land uses.
2 The property is, for the record, known as Block 438,
3 Lot 1, and Block 452, Lot 1, and it is located on the
4 north side of Ernston Road, just east of the Garden
5 State Overpass.

6 Ernston Road on this exhibit map, which was
7 just marked as A-1, is an exhibit prepared by my office
8 that's entitled, "Briarwood Site Plan Exhibit," dated
9 November 8, 2017. Just for orientation purposes,
10 Ernston Road is on the right-hand side of the sheet.
11 North is -- for the purposes of orientation again will
12 be -- I'm going to assume north is sort of pointing to
13 the left of the sheet. So east would be heading
14 straight up off the sheet to the top.

15 So, again, the site is located on the
16 northern side of Ernston Road, just east of the Garden
17 State Overpass, which is located just off the bottom of
18 the sheet here. The property contains 6.69 acres.
19 It's approximately 427 feet wide by 620 feet deep.

20 To the south is the Harbor Club multi-family
21 residential development. That is the development
22 across the street on Ernston Road from the property.
23 The property is to the east, heading down Ernston Road
24 towards Route 35. Off the top of the sheet is
25 primarily wooded properties, open water properties,

Turner - Direct/Himelman

100

1 until you get almost all the way down to Route 35,
2 where you start to see the commercial development
3 occurring.

4 To the north, which is behind the building
5 that's currently under construction, the property is
6 heavily wooded and even beyond the limits of the rear
7 of our property, it is encumbered by freshwater
8 wetlands, which would prohibit any further development
9 to the rear.

10 And the property is also, of course, governed
11 by the prime zoning standards. The site is currently
12 under construction. The building is up. It's been
13 built in accordance with its current approval, which is
14 for occupancy as a nursing home facility. The building
15 is a three-story building, with a basement. It has a
16 total gross floor area of 130,966 square feet, which
17 includes the basement.

18 There is no change or footprint modifications
19 with respect to the building under this application.
20 The parking lot, you can certainly get up to the site.
21 There is an existing driveway off of Ernston Road that
22 will remain undisturbed. The parking lot on site is
23 somewhat paved, not all of it, but there is a bit of
24 pavement up there now. The rest of the area is
25 currently rough graded, and it appears that all of the

Turner - Direct/Himelman

101

1 infrastructure, including storm water, sanitary -- gas
2 and sanitary sewer appear to all be constructed.

3 The site plan -- really what we're here for
4 is this minor site plan -- the minor site plan
5 modifications, when compared to the previously approved
6 plan. What we did in this plan is we eliminated the
7 canopy area and the drop-off lane, and we replaced it
8 with sidewalk that will bring you to the front door
9 from the parking lot.

10 The result of eliminating that canopy is an increase of
11 front yard setback from 223.6 feet, which was
12 previously approved, to 229 feet from Ernston Road.

13 The number of parking spaces on the site have
14 been increased from 92 spaces to 130 spaces. And the
15 landscaping has been enhanced as necessary to
16 accommodate the needs of the tree preservation. And
17 that's based on some of the modifications that we had
18 to make to the parking lot geometry itself.

19 Lighting has also been revised as needed,
20 just, again, for those minor parking lot geometry
21 changes. The lighting still follows the previously
22 approved set of drawings, which included a lighting
23 program of LED fixtures mounted at 20, 25 foot high.
24 Staff, I believe, has reviewed that material and I
25 believe it's been approved as -- as shown on the plans.

Turner - Direct/Himelman

102

1 The revisions that I've just noted do -- does
2 result in a slight increase in impervious coverage on
3 the site from 37.6 percent to 38.6 percent when --
4 which is still well below the allowable coverage on the
5 site within the P zoning district, which is 85 percent.
6 There is also a slight decrease in parking lot
7 landscaping. It goes from 11 percent down to 10
8 percent, which, again, is still compliant with
9 ordinance requirements.

10 On-site vehicular movements have not been
11 compromised by changes that we made to the plan. We
12 still provide complete circulation around the area. It
13 has 360 degree circulation in the parking lot, all as
14 proposed on the approved plans.

15 The loading zone, the dumpster locations,
16 remain as shown on the approved plans. They're located
17 in the southwest corner of the building. And
18 anticipated are two food deliveries per week and an
19 occasional box truck delivering office supplies.
20 Refuse will be picked up as normal, twice a week.

21 Once again, the site is located in the P
22 zoning district, the prime zoning district, and aside
23 from the use that you'll hear testimony on tonight, the
24 project does still comply with the bulk zoning
25 requirements, except for the previously granted

Turner - Direct/Himelman

103

1 variance for building height. The permitted building
2 height in the zone is 40 feet. The planning board
3 previously granted a height of 42 feet. And there was
4 a waiver also previously granted for the number of
5 loading zones, where we provide one on the site plan
6 where seven are required. And there is certainly no
7 need for seven loading zones for this particular use.

8 So from a site planning standpoint, it's my
9 view and my opinion that there is no substantial
10 detriment to the public good with respect to the
11 changes that we've made to the site plan, and all of
12 the changes have been made and designed in conformance
13 with township standards, and I don't believe they
14 require any additional technical relief.

15 Q Mr. Turner, just a couple of follow-up
16 questions, and just addressing, I think, Mr. Cornell in
17 his memo of October 25th, 2017. He just wanted you to
18 explain -- or the applicant explain the reason for the
19 request for the additional parking. If you could just
20 elaborate.

21 A Sure. Yeah. And as you heard the testimony
22 before mine is the reason for the additional parking
23 spaces is to support the -- the additional staff that
24 will be on-site. I believe the maximum on a shift
25 would be 115 employees. And that leaves an additional

Turner - Direct/Himelman

104

1 15 parking spaces for -- for visitors and/or, you know,
2 the occasional drop-off that occurs.

3 Q Great. And just one follow-up question. So
4 is it your professional opinion that the proposed site
5 modification, site plan, will have any negative impact
6 to the site as originally approved as a nursing home?
7 For example, storm water impact, buffer requirements,
8 lighting, landscaping, et cetera?

9 A No. I believe we have addressed all of those
10 concerns.

11 MR. HIMELMAN: Thank you very much.

12 Mr. Chairman, I don't have any further direct
13 questions for Mr. Turner unless you or the members or
14 your staff.

15 MR. CHAIRMAN: Mr. Sachs?

16 MR. SACHS: Yeah, I just have one question.

17 CROSS-EXAMINATION BY MR. SACHS:

18 Q Mr. Turner, can you just show the Board the
19 area where the additional parking is going?

20 A Yes. The additional parking has been located
21 primarily where the previously approved plans had shown
22 the drop-off lane and the canopy, which is located
23 where the two handicapped parking stalls are shown,
24 obviously, on the northerly side of the parking lot,
25 sort of midway where the main single story entrance is

Turner - Cross/Sachs

105

1 into the building.

2 MR. SACHS: Okay. Thank you.

3 MR. HIMELMAN: Thank you very much.

4 UNIDENTIFIED SPEAKER: Quick question.

5 EXAMINATION BY UNIDENTIFIED SPEAKER:

6 Q The last witness talked about inpatient,
7 outpatient, how they're not mixed. Are there separate
8 entrances for those?

9 A I believe I -- I will tell you that I think I
10 heard that there were separate entrances, yes.

11 MR. HIMELMAN: That's my understanding as
12 well.

13 BY UNIDENTIFIED SPEAKER:

14 Q Where will they be on the --

15 A I think -- I'm not sure where they are. I'm
16 hearing that they're right next to each other. Whether
17 that's at the main entrance or down at the entrance
18 further to the rest -- we'll get that answer for you.
19 I don't want to guess.

20 EXAMINATION BY UNIDENTIFIED SPEAKER:

21 Q The food deliveries are box truck deliveries
22 or tractor trailers?

23 A Food deliveries will be more than likely be by way
24 of tractor trailers. We've modeled that and similar to
25 the prior plan, the geometry of the parking lot has

Turner - Examination/Unidentified Speaker

106

1 been designed to accommodate a tractor trailer
2 movement.

3 Q Because I know the original property, they
4 used to get deliveries by box truck, and then they went
5 over to tractor trailers, and they had a great deal of
6 difficulty getting the trucks around that curve back
7 down at Ernston Road.

8 A Yeah. And we did model that. I have been told
9 that they are the smaller tractor trailers. They're
10 not the extra large tractor trailers that you see on
11 the interstates. They are the smaller versions. I
12 have no issues with them getting in and out of the
13 site.

14 UNIDENTIFIED SPEAKER: If I could, Mr. --
15 EXAMINATION BY UNIDENTIFIED SPEAKER:

16 Q Will there be any improvements to the
17 driveway from Ernston Road up or --

18 A No. There are no improvements proposed other than
19 what was previously shown on the approved plans, which
20 basically include some landscape enhancements.

21 Q Now, landscaping, like -- I see trees there.
22 Are they trees that you're proposing to put in there?
23 Are they current trees there, or --

24 A They -- it's a combination of both. There are
25 existing fairly substantial, large trees that are

Turner - Examination/Unidentified Speaker

107

1 located along the curb lines of that driveway. And
2 they are kind of shown on this exhibit. You can see
3 they're kind of the lighter circles here.

4 But interspersed in between those and in the
5 grassed area, the green area in there, we do have a
6 large quantity of additional trees to be planted.

7 Q Would that kind of shade the building from
8 the road?

9 A Absolutely.

10 Q Is that what you -- more light and things
11 like that?

12 A Sure. More so than that will be the elevation
13 change between Ernston Road and the parking lot and the
14 building itself. The building is not set back that
15 substantially from the road. When you're talking about
16 height and visual appearance, when you drive down
17 Ernston Road, that building is up, it's watertight,
18 it's closed. It's basically a completed shell.

19 I -- I had a hard time seeing it from Ernston
20 Road, because, again, it's close enough where you can't
21 see over the hill into the site and into the parking
22 lot.

23 Q I just have one last question. The green
24 part there, where you have, I guess, grass and things
25 like that in the back behind the building. You're not

Turner - Examination/Unidentified Speaker

108

1 allowed to build anything back there at all?

2 A No. It is completely regulated. And the
3 topography is such that you really do not want to push
4 back into that portion of the property.

5 Q Because I was -- you know, I mentioned this
6 at the one meeting we had here about parking. I
7 remember when it was the Briarwood, going up there,
8 people would be parking all along the -- the driveway
9 there. And I don't know what their employee numbers
10 were, and I know most of the people just stayed there.

11 So now you're going to have a lot more -- not
12 a lot more, but you have maybe 22 people were
13 mentioned, coming, going with cars. You have 117 staff
14 members. My concern was just a little bit about
15 parking. I know it's within the regulations, but,
16 again, you know, Briarwood might have been within the
17 regulations, too, but you had so many more additional
18 cars there that weren't anticipated. And you have --
19 that's -- I just wanted to bring that up, just to see
20 if you could put more parking back there, but I guess
21 you can't.

22 A It would be very difficult, especially since the
23 building is up and finished at this point. And, again,
24 I think with the 130 spaces, we've substantially
25 increased the number of stalls from the prior approval

Turner - Examination/Emma/Cornell

109

1 by 38 spaces.

2 So based on the needs that we've been told
3 that we had to try to maintain, that's what we've been
4 able to mend -- to meet.

5 UNIDENTIFIED SPEAKER: Thank you.

6 MR. CHAIRMAN: Mr. Emma.

7 EXAMINATION BY MR. EMMA:

8 Q Is there any fencing around the facility?

9 A No.

10 MR. CHAIRMAN: Anyone else have any
11 questions? Mr. Cornell?

12 EXAMINATION BY MR. CORNELL:

13 Q There was one item in our report that was
14 addressed with the original application but not
15 addressed with the amendment. It has to do with the
16 installation of a sidewalk connection between Ernston
17 and the site.

18 Initially there was discussion that since it
19 was a nursing facility, that wasn't necessary. Is
20 there any reason that is now unnecessary that you need
21 to have pedestrian access from Ernston Road leading
22 into the site?

23 A Yeah, that's a good question, and we had some
24 discussions about that. And right now the answer is
25 no, that we don't believe there is a need specifically

Turner - Examination/Unidentified Speaker

110

1 to undertake the installation of a sidewalk from
2 Ernston Road.

3 I was out there again today, and I drove up
4 that driveway. And, Mr. Cornell, if you've seen that,
5 there is some fairly substantial slopes on either side
6 of that driveway. It would be quite an undertaking to
7 get a sidewalk in there. And, gain, based on the need
8 of the program, we just don't believe it's a necessary
9 requirement.

10 MR. CORNELL: Thank you.

11 MR. HIMELMAN: Thank you, Mr. Turner.

12 EXAMINATION BY UNIDENTIFIED SPEAKER:

13 Q Any contact with the fire department in terms
14 of reviewing the site for access with their equipment?

15 A I am sure it was all reviewed when it was under
16 the application from one or two years ago, or else we
17 wouldn't have been able to do what we've done on site
18 with building the building and putting the
19 infrastructure up, so --

20 Q But you have made some changes.

21 A We have made some changes, absolutely. I have not
22 seen a report from the fire official or fire company at
23 this point. I don't know if the Board directly does --
24 does that themselves in terms of getting it to the
25 other agencies. If not, we'll certainly solicit that.

Pehnke - Direct/Himelman

111

1 MR. HIMELMAN: Thank you very much.

2 UNIDENTIFIED SPEAKER: I have another
3 question.

4 EXAMINATION BY UNIDENTIFIED SPEAKER:

5 Q Mr. Turner, I know Mr. Emma asked about
6 fencing. Is there the ability to put fencing on the
7 perimeter of the site?

8 A Yeah. Yes. Behind the building. It would have
9 to be limited to just basically where the limits of
10 disturbance have been.

11 Q Okay.

12 A But there is nothing there that would prohibit us
13 from adding a fence.

14 UNIDENTIFIED SPEAKER: All right. Thank you.

15 MR. CHAIRMAN: Anyone else? Any questions?

16 MR. HIMELMAN: Mr. Chairman, thank you for
17 asking. So no further questions for Mr. Turner? Okay.
18 We will call our traffic consultant next. Karl.

19 MR. CHAIRMAN: Mr. Pehnke, please raise your
20 right hand.

21 K A R L P E H N K E, WITNESS, SWORN

22 MR. CHAIRMAN: All right. Please state your
23 name, spelling your last name, professional affiliation
24 for the record.

25 THE WITNESS: For the record, my name is

Pehnke - Direct/Himelman

112

1 Karl, with a K, Phenke, P -- as in Peter -- E-H-N-K-E.
 2 I'm a vice president with Langan Engineering and
 3 Environmental Services.

4 By way of qualifications, I am a registered
 5 professional engineer in the State of New Jersey, as
 6 well as several other states. My area of expertise is
 7 traffic engineering. I've been practicing for over 33
 8 years, registered in New Jersey since 1992. I have
 9 appeared throughout the state, including in the
 10 Borough.

11 MR. HIMELMAN: Mr. Chairman, we would offer
 12 Mr. Pehnke as an expert in the field of traffic --
 13 traffic safety.

14 MR. SACHS: Mr. Chairman, I am familiar with
 15 Mr. Pehnke. He has testified in front of many boards.

16 MR. CHAIRMAN: Make a motion that we accept
 17 --

18 MR. GREEN: So moved.

19 MR. CHAIRMAN: Okay. Proceed.

20 THE WITNESS: Thank you, Mr. Chairman.

21 DIRECT EXAMINATION BY MR. HIMELMAN:

22 Q Mr. Pehnke, it's my understanding that a
 23 traffic report was submitted to this Board and prepared
 24 by McDonough & Rea Associates; is that correct?

25 A That is correct.

Pehnke - Direct/Himelman

113

1 Q Okay. And Mr. Rea cannot be here this
 2 evening. It's my understanding that you're here
 3 testifying on his behalf relative to the findings of
 4 that report, correct?

5 A That is correct.

6 Q Okay. And you've had an opportunity to
 7 review that report and analyze it?

8 A Yes. I've had an opportunity to review the
 9 report, the data published therein. Also, I've had the
 10 opportunity to visit the site, to converse with the
 11 applicant and the operator, listen to the testimony you
 12 heard this evening, as well as to independently check
 13 the calculations in Mr. -- Mr. Rea's report so that I
 14 was comfortable appearing before the Board on his
 15 behalf this evening.

16 Q Okay. And what conclusions or findings does
 17 the McDonough Rea report reach about traffic impact and
 18 the level of service concerning the proposed facility,
 19 if you would go into that detail?

20 A Sure. Yeah. So, very basically, it's a very
 21 straightforward report. This Board has heard from
 22 traffic engineers in the past. The report documents a
 23 collection of data that was undertaken along the site
 24 at Ernston Road in order to record traffic flow along
 25 the roadway system.

Pehnke - Direct/Himelman

114

1 In addition, in order to project and
2 understand the traffic flow associated with the
3 proposed use on this site, the best opportunity was to
4 go and monitor and existing facility. As you heard
5 earlier this evening, there are several existing
6 facilities that are similar that have outpatient
7 services, one being in Mays Landing.

8 The report documents a week-long traffic
9 monitoring program that was conducted of that facility
10 to understand the traffic operating conditions. That
11 data was utilized to project the amount of traffic that
12 we would anticipate coming in and out of this facility,
13 particularly during the peak hours. And what was
14 identified by the review of the data from Mays Landing,
15 as well as the data along with the site (indiscernible)
16 on Ernston Road was that the peak area where the
17 traffic would have its greatest impacts would occur
18 generally between 8:00 and 9:00 in the morning, which
19 also coincides with the roadway peak.

20 That's the period in the morning when there
21 is activity associated with you administrative staff
22 coming in, your therapists are coming in. Your nursing
23 staff really is coming in a little earlier. As you
24 heard, they're generally coming in starting at 6:00 in
25 the morning, but you have that morning activity.

Pehnke - Direct/Himelman

115

1 And then the evening activity is actually a
2 little offset to the roadway peak. The roadway peak
3 here is generally occurring from 5:30 to 6:30. The
4 facility peaks about 4:00 to 5:00. And what's
5 happening at that point in time is you have your
6 nursing -- your daytime nursing staff leaving, your
7 therapists leaving, your administrative staff who come
8 8:30 to 4:30 are leaving. So that's a critical period
9 for when this facility would have its largest traffic
10 loads, coinciding with higher traffic loads on the
11 adjacent roadway system.

12 So utilizing the Mays Landing, utilizing the
13 projected difference in staffing between the two
14 facilities, Mays Landing is a smaller facility, but, as
15 you heard, there was a distinct ratio as to how these
16 are operated, 1.6 employees or staff to patients, so it
17 is a direct comparison. We're basically able to
18 project the amount of traffic in and out of the site.

19 So during those peaks, as documented in Mr.
20 Rea's report -- and I concur with his projection based
21 upon some calculations I did -- we would anticipate
22 about 70 vehicles coming in over the course of that
23 eight to nine hours and about 30 exiting. And it's
24 actually about the reverse of that in that evening hour
25 of 4:00 to 5:00.

Pehnke - Direct/Himelman

116

1 As you are aware, this facility has existed
2 for some time in some form. The driveway has been
3 there and the function to a nursing home. So the
4 location is established. It's not a new point of
5 access on the roadway system. I've visited the site
6 and the driveway -- the site -- the driveway is
7 actually well established. It has great site lines as
8 you're leaving the driveway, even though it does have
9 some tight geometry as you move up the hill to climb up
10 to the plateau that the facility is located on. As you
11 approach Ernston Road, you have great site lines
12 looking to the left and to the right.

13 And, basically, utilizing the data, the
14 traffic projections, the addition -- the existing
15 traffic flow on the roadway, we're able to analyze the
16 operation of the driveway and determine how it will
17 operate and function. And as documented in the report,
18 and as I've independently confirmed, we're basically
19 expecting that left turns into this facility will
20 operate at very good levels of service, very little
21 delay, without any queuing on Ernston Road. And
22 leaving the facility, again, is projected to operate in
23 B and C levels of service. Higher levels of service
24 basically means there is very little delay in queuing
25 on the driveway approach and that people will be able

Pehnke - Direct/Himelman

117

1 to find the appropriate gaps to enter the driveway.

2 We do expect about two-thirds of the traffic
3 to head to the west, to the regional road network and
4 Route 9, with about a third heading toward Route 35.

5 So, overall, basically the findings of the
6 report is that the traffic projected associated with
7 this facility will be accommodated on the driveway.
8 The driveway will operate safely and efficiently with
9 the modest additional traffic flow along Ernston Road.
10 It certainly won't change the operating conditions
11 along Ernston Road.

12 I concur with the testimony of Mr. Turner
13 earlier this evening that the parking has been laid out
14 in a logical manner and will accommodate the types of
15 vehicles needing to come to the site, including service
16 deliveries, and that the number of parking spaces
17 proposed are actually appropriate and will accommodate
18 the needs of this particular site.

19 Q Okay. So just so I understand, is it your
20 testimony that the subject property that will be
21 developed for this use can accommodate the anticipated
22 traffic and that the access and exit to and from the
23 site can operate in a safe manner; is that correct?

24 A Yes.

25 Q Now, I think Mr. Cornell in his memorandum of

Pehnke - Direct/Himelman

118

1 October 25th had a couple of comments with regard to
2 the traffic report. I think you've clarified those. I
3 think Mr. Cornell -- there was just some -- he was
4 pointing out some -- I guess some -- I guess some
5 typographical or --

6 A Basically some typographical errors. It did not
7 have any impact on the conclusions of Mr. Rea's report
8 --

9 Q Fine.

10 A -- and the analysis in his report. And certainly,
11 as a condition of approval, we could have Mr. Rea just
12 update his report to correct those issues if the Board
13 sees fit. It has no meaningful impact on his
14 conclusions and the analysis.

15 Q Thank you very much. Do you think you've
16 covered all your testimony, all the points you want to
17 raise? Do you want to add anything else?

18 A No, that does it.

19 MR. HIMELMAN: Okay. Thank you.

20 Mr. Chairman, I don't have any direct
21 questions of this witness, but you or members of the
22 Board might or your staff.

23 MR. CHAIRMAN: Anybody from the Board have
24 questions?

25 MR. ESPOSITO: I have one, please.

Pehnke - Examination/Mr. Esposito

119

1 EXAMINATION BY MR. ESPOSITO:

2 Q Can you give me some sort of indication as to
3 where -- I know where this school is, Eisenhower,
4 right? And you have this one turn going into it. So
5 Eisenhower is there (indicating)?

6 A So you're got the Parkway right to the west of us.

7 Q Okay.

8 A And then Eisenhower is immediate to that.

9 Q Okay. So you're more towards the Gateway
10 Center? You're that way, towards --

11 A Correct. So the residential community across the
12 street off of Gondeck Drive, basically Harbor Club is
13 just to the east of us.

14 Q Gotcha. Okay. Okay. I was just wondering,
15 because -- I was wondering because there's that
16 somewhat dangerous curve near the school. And if you
17 guys are going to be making lefts out of there, I mean,
18 it's just -- it's just a dangerous area.

19 A Yes.

20 Q But I don't think it's going to impact it at
21 all.

22 A Right. The driveway has existed, which is great.
23 It would be nice to have the driveways exist before we
24 have to test the site lines.

25 Q Yeah.

Higgins - Direct/Himelman

120

1 A And this, we were actually able to go out, sit in
2 the driveway, check the site lines. Looking left, you
3 can see way down towards --

4 Q Sure.

5 A -- 35. Looking right, you see under the bridge.
6 You see through the full curve, you see
7 (indiscernible). It actually -- it's (indiscernible)
8 simpler.

9 MR. HIMELMAN: Any other questions?

10 THE WITNESS: Thank you, Mr. Chairman.

11 MR. CHAIRMAN: Mr. Himelman, you can proceed.

12 MR. HIMELMAN: Yeah. Thank you, Mr.
13 Chairman. Our next witness would be our -- correction,
14 one of our planners, Mr. Higgins.

15 MR. CHAIRMAN: Mr. Higgins, please raise your
16 right hand, and I'll swear you in.

17 J A M E S H I G G I N S, WITNESS, SWORN

18 MR. CHAIRMAN: All right. Please state your
19 name, spelling your last name, professional
20 affiliations.

21 THE WITNESS: All right. James W. Higgins,
22 H-I-G-G-I-N-S. I'm a licensed professional planner in
23 the State of New Jersey.

24 DIRECT EXAMINATION BY MR. HIMELMAN:

25 Q Thank you, Mr. Higgins. If we could

Higgins - Direct/Himelman

121

1 just qualify you as an expert. Can you give a brief
2 description of your professional background, education,
3 and licenses that you hold? And we will hopefully
4 admit you as a qualified planner.

5 A Surely. I've been a licensed planner in the state
6 for over 40 years. I have a bachelor of science degree
7 from Rutgers University in landscape architecture. I
8 have testified before several hundred boards throughout
9 the state, Superior Courts, and at least five counties.
10 I have been accepted as an expert before all those
11 boards, before those -- before the Superior Court, and
12 I have been recognized by the state Supreme Court as an
13 expert in the field of planning, and I've been
14 recognized by this Board as an expert in the field of
15 planning.

16 MR. CHAIRMAN: Okay. I make a motion that we
17 accept his credentials. Can I have a second on that?

18 MR. KREISMER: Second.

19 MR. HIMELMAN: Thank you, Mr. Chairman.

20 BY MR. HIMELMAN:

21 Q Mr. Higgins, it's my understanding that
22 you've had an opportunity to review this application,
23 and you have -- are prepared to testify on the
24 justification for the relief sought, which in this case
25 is a use D-1 variance. So if you could outline for the

Higgins - Direct/Himelman

122

1 Board just a brief description of the application, a
2 description of the use, and your conclusions and
3 findings relative to the planning justification for the
4 relief. Thank you.

5 A Yes. Surely. Well, the application is an
6 application for a drug rehabilitation facility. It has
7 primarily inpatient care, but also an element of
8 outpatient care associated with it. It will be 149
9 beds with follow-up outpatient care and family
10 counseling.

11 They will provide 24-hour medical and social
12 care for extended periods of time for individuals.
13 That will include skilled nursing care,
14 interdisciplinary care planning, cognitive therapy,
15 social services, psychiatry and psychotherapy services,
16 diabetic management, pain management, diagnostic lab
17 work, movement therapy, development of social support,
18 all the things you would expect to have in a facility
19 such as this.

20 The staffing includes licensed nursing staff,
21 licensed therapists, on staff physicians, licensed
22 social service professionals, administrative
23 professionals.

24 The site is in the prime zone. This zone
25 permits a variety of uses, including long-term care

Higgins - Direct/Himelman

123

1 facilities. It has a definition of long-term care
2 facility, which I think is important in this instance.
3 So it's a -- a long-term care facility means facility
4 which provides a full range of 24-hour direct medical,
5 nursing, and other health services. Registered nurses,
6 licensed practical nurses and nurse's aides provide
7 service prescribed by a resident's physician. It is
8 for those older adults who need health supervision, but
9 not hospitalization. The emphasis is on nursing care,
10 but restorative physical, occupational, speech, and
11 respiratory therapies are also provided.

12 This level of care may also include
13 specialized nursing services, such as intravenous
14 feeding or medication, tube feeding, injected
15 medication, daily wound care, rehabilitation services,
16 and monitoring of unstable conditions.

17 Now, your zoning officers determined that
18 this facility is not a long-term care facility, which
19 is why we're here asking for a D-1 variance at this
20 point in time. However, I think it's important to note
21 thought many of the facilities -- many of the uses in
22 this facility are indicative of a long-term care
23 facility and very similar to a long-term care facility.

24 The application does require a D variance,
25 and a D variance requires two separate prongs of

Higgins - Direct/Himelman

124

1 proofs. One is the positive criteria that there is a
2 positive, a special reason for the granting of the
3 variance. The second is that there is not going to be
4 any substantial negative impact.

5 In this instance, the use, I believe -- and I
6 think it's fairly clear -- is an inherently beneficial
7 use. An inherently beneficial use is a use thought --
8 I'm quoting the land use law -- fundamentally serves
9 the public good and promotes the general welfare.

10 In this instance, the use provides medical,
11 therapeutic, rehabilitative, educational, and
12 recreational services under medical and nursing
13 supervision, as well as doctor supervision and to meet
14 the needs of participants in need of rehabilitation.
15 So, clearly, it's a facility that both serves the
16 public good and promotes the general welfare and
17 qualifies as an inherently beneficial use. It's also a
18 use that's licensed by the State Board of Health, as
19 has been discussed earlier, and that there is a strong
20 public policy in the state and -- and now in the
21 nation, because the federal government has recognized
22 that the opioid crisis is a crisis that has to be dealt
23 with nationally, not just in New Jersey.

24 But there is a strong public policy in the
25 state to treat drug addiction that has been codified,

Higgins - Direct/Himelman

125

1 as Mr. Himelman talked about earlier, if you have
2 N.J.S.A. 30:6(c)(1), which provides that, "It is
3 declared to be the public policy of this state that the
4 human suffering and social and economic loss caused by
5 drug addiction are matters of grave concern to the
6 people of the state, and it is imperative that a
7 comprehensive program be established and implemented
8 through the facilities of the state, the several
9 counties, the federal government, and local and private
10 agencies to prevent drug addiction and to provide
11 diagnosis, treatment, care, and rehabilitation for drug
12 addicts to the end that these unfortunate individuals
13 may be restored to good health and again become useful
14 citizens of the community." So that's one policy of
15 the state. It's very clear.

16 Another is NJSA 26:2(b)(b-1). That's a
17 statutory scheme established by the government's
18 Council on Alcohol and Drug Abuse. And it provides,
19 "The legislature finds and declares that alcoholism and
20 drug abuse are major health problems facing residents
21 of this state. The full resources of this state,
22 including counties, municipalities, and residents of
23 the state must be mobilized in a persistent and
24 sustained manner in order to achieve a response capable
25 of meaningfully addressing not only the symptoms, but

Higgins - Direct/Himelman

126

1 the root causes of this pervasive problem."

2 Clearly, when you look at all this, what the
3 application is proposing here is a use that serves the
4 public good and promotes the general welfare and is an
5 inherently beneficial use. And, again, as Mr. Himelman
6 discussed earlier, the Supreme Court in the Sica case
7 determined that there would be a four-step process for
8 boards to look at in determining whether or not
9 inherently beneficial use, once they find its
10 inherently beneficial use, whether that use should be
11 approved by the Board.

12 First of all, the Board should be aware, I
13 was Dr. Sica's planner in that application. However, I
14 can't take credit for that four-step process. That was
15 developed during the court case by the Supreme Court.
16 It was not developed during the course of the
17 application.

18 MR. SACHS: Kudos to you, Mr. Higgins.

19 THE WITNESS: What's that?

20 MR. SACHS: Kudos to you, then.

21 A But the first step is establishing the magnitude
22 of the benefit. And in this case, clearly there is a
23 great need for this use. It's been established by the
24 state and the federal government that there is a
25 crisis, and the crisis has to be addressed.

Higgins - Direct/Himelman

127

1 I did look up online -- and I apologize. I
2 thought I had the documentation for this with me, and I
3 don't. But at the next hearing, I will provide it, if
4 the Board so wants it. But in 2016, the overdose
5 deaths exceeded 2,000, which is up 30 percent from 2015
6 in New Jersey. And the deaths in New Jersey were three
7 times the national average and have increased 700
8 percent in the last decade.

9 So, clearly, that shows that there is a great
10 need for what's being proposed here. The magnitude of
11 the increase of the overdose deaths as well as the
12 increase in the individual and family distress that
13 accompanies the epidemic of drug addiction exceeds the
14 ability of the existing proposed treatment facilities
15 to adequately address the problem.

16 Clearly when you have both the federal
17 government and the state government identifying that
18 this is a crisis and has to be addressed, it's clear
19 that the facilities necessary to address this crisis
20 don't yet exist. They have to be developed.

21 The patients of the proposed rehabilitation
22 facility they are legally disabled persons and are a
23 protected class under both federal and state law. And
24 Mr. Himelman will follow up on that in more detail.
25 But clearly, again, as Mr. Himelman discussed earlier,

Higgins - Direct/Himelman

128

1 those -- those protections require that the state
2 provide for reasonable accommodations for this use, for
3 helping these people, for providing a place for them to
4 live during rehabilitation, those types of things.

5 And finally, the federal and state
6 governments have recognized the crisis and have
7 instituted legislation and a number of programs to
8 combat the epidemic. So when you look at the magnitude
9 of the benefit, this will be 149 beds that don't
10 currently exist that are needed, very badly needed, the
11 magnitude is substantial, in terms of the benefit to
12 the public.

13 With regard to determining the magnitude of
14 potentially negative impacts, you would look at
15 aesthetics. And what's being proposed here -- first of
16 all, the building and the site is really separated from
17 surrounding properties and not readily visible. So
18 aesthetics isn't a real concern. But when you look at
19 the building and the improvements proposed for the
20 site, the site will be very attractive, even though it
21 would be more from internally than from externally,
22 because it won't be that readily visible from -- from
23 the street or from surrounding properties.

24 Second would be noise. And, clearly, with
25 respect to use, there is not going to be any

Higgins - Direct/Himelman

129

1 significant noise that would impact surrounding
2 properties.

3 The third would be traffic. And you just
4 heard traffic testimony that there is going to be no
5 substantial negative impact with regard to traffic.

6 A fourth would be safety. And in that
7 regard, you've heard extensive testimony tonight as to
8 how this facility is going to be run, the safety
9 measures that are taken into account, what -- what
10 measures are going to be taken to monitor the
11 residents, to assure that they don't leave the facility
12 unless they're accompanied by somebody. And the fact
13 that the facility is licensed by the state and will be
14 monitored by the state I think is an additional
15 assurance that safety is not going to be a significant
16 concern.

17 The last will be the impact on zoning. And
18 as I said earlier on my testimony, this use is very
19 similar to uses that are permitted in the prime zone.
20 It may not be specifically permitted as determined by
21 your zoning officer, but it is not inconsistent with
22 other uses that are permitted in the zone. So it's not
23 out of character with what could exist in this zone.
24 And, therefore, the use itself I don't think is
25 contrary to what your zone -- your ordinance

Higgins - Direct/Himelman

130

1 anticipated for the zone.

2 In addition, the layout of the building, the
3 layout of the site, should 15 years from now this
4 applicant decide he needed a bigger facility, decided
5 this facility for some reason wasn't working for him,
6 wanted to leave it, the building is laid out perfectly
7 for a nursing home, for a long-term care facility,
8 other uses that could exist in the prime zone. So it's
9 not going to have a substantial negative impact, either
10 short term or long term, on your zoning ordinance.

11 So when I look at that, I don't think -- I
12 don't think there are any substantial negative impacts
13 that are associated with this application.

14 The third prong is to provide measures to
15 mitigate those impacts. I think the applicant has
16 anticipated all of those impacts and has included them
17 both in the site plan and in their operational
18 organization so that I don't think there is any
19 additional measures that might be needed to mitigate
20 the impacts.

21 There was the one point that Mr. Sachs
22 brought up as far as having a condition that you don't
23 have a criminal element, people being referred from the
24 courts or from other criminal agencies to the site that
25 don't want to be there. So I think that's an adequate

Higgins - Direct/Himelman

131

1 condition that the Board could put on this application
2 to mitigate any potential negative impact from that
3 aspect.

4 And then any measures to reduce negative
5 impacts, I don't see any that are necessary, other than
6 that one condition.

7 The other aspect would be is whether the site
8 is particularly suited for this use and the general
9 welfare would be advanced. Clearly the use is a
10 beneficial use. The site, being a former nursing home,
11 and because it's secluded from surrounding properties,
12 you can't see it, the layout of the building, the
13 layout of the site are ideally suited to this use,
14 which, again, is very similar in its function to a
15 nursing home or a long-term care facility.

16 So I think the site is particularly suited to
17 use and the general welfare is advanced because of that
18 particular suitability. And, again, I subscribe that I
19 don't think there are any substantial negative impacts.
20 So in that regard, you could make one finding or the
21 other as far as the positive criteria and the negative
22 criteria.

23 Q Mr. Higgins, just a few follow-up questions.
24 Can you describe for us -- I understand you reviewed
25 the relative ordinance in the Borough and if a drug and

Higgins - Direct/Himelman

132

1 alcohol facility is permitted anywhere or in any zone
2 district?

3 A No, it is not permitted in any zone in the
4 Borough.

5 Q Okay. And that's after your review of the
6 ordinances?

7 A Yes. Yes. And I think that also goes to the
8 benefit of this use and the magnitude of the benefit.

9 Q Okay. I just wanted to ask you a couple of
10 follow-up questions, just so I understand your
11 testimony. So your testimony is that this particular
12 use is inherently beneficial and that in your opinion
13 both the positive criteria and negative criteria have
14 been satisfied?

15 A Yeah. In fact, it's my opinion that this use, in
16 terms of inherently -- being inherently beneficial, is
17 one of the most inherently beneficial uses that you can
18 have, because there is a crisis. There's a crisis
19 statewide. There is a national crisis. And this is
20 directly addressing that crisis.

21 I think it's the Holy Grail of inherently
22 beneficial uses, if I can use that term, as a planner.

23 Q Now, you also discussed a reasonable
24 accommodation.

25 A Yes.

Higgins - Direct/Himelman

133

1 Q Is it your opinion that because of the state
2 and federal law you believe that the approval, if the
3 Board should so grant this use variance, would satisfy
4 that reasonable accommodation?

5 A Yes, it would.

6 Q Okay. And why is that?

7 A Why? Because right now the use is not permitted
8 anywhere in the Borough. And in order to provide
9 reasonable accommodation, it has to be permitted
10 somewhere in the Borough.

11 And this site -- the site is ideal for it
12 because of the layout of the site, the fact that it's
13 not readily visible from surrounding properties. The
14 building is situated and well suited to the use. And
15 to provide it here I think is a very reasonable
16 accommodation for this use, which is a necessary use.

17 Q Okay. Now, under the Sica four-prong test,
18 you mentioned the balancing aspect or the balancing
19 test. And is it your testimony that we satisfied the
20 balancing test to the extent that any negative impacts
21 are de minimis and the public interest is urgent and
22 immediate? Is that your belief?

23 A Yes. That and I think it's important for the
24 Board to understand, too, that under the Sica test, the
25 balancing is different than what you're normally used

Higgins - Examination/Unidentified Speaker

134

1 to. Normally, the benefits have to substantially
2 outweigh the detriments.

3 Under the Sica test, the detriments have to
4 substantially outweigh the benefits if you're going to
5 deny the application. In this case, the benefits do
6 substantially outweigh the detriments. The detriments
7 are minimal, in my opinion. The benefits are
8 substantial.

9 So I think either way you look at it -- but
10 when you have to look strictly under the Sica criteria,
11 you're supposed to look at whether or not the benefits
12 substantially outweigh the detriments. And in this case,
13 the benefits substantially outweigh the detriments, so
14 the balance is way in the other direction.

15 Q And just to sum, is it fair to say, based on
16 your testimony, that you believe the variance should be
17 granted as a reasonable accommodation and that the
18 facility will be treating disabled persons, as you
19 indicated, and that, because of that, the applicant is
20 entitled to a reasonable accommodation through the
21 granting of a use variance?

22 A Yes.

23 MR. HIMELMAN: Okay. Thank you.

24 I don't have any direct questions -- further
25 questions of Mr. Higgins, but the Board and your

Higgins - Examination/Unidentified Speaker

135

1 professionals might, Mr. Chairman.

2 MR. CHAIRMAN: Any questions from the Board?

3 UNIDENTIFIED SPEAKER: I have a couple of
4 questions.

5 EXAMINATION BY UNIDENTIFIED SPEAKER:

6 Q Okay. Granted, we have a situation which
7 obviously needs to be addressed in terms of the drug
8 problem. On the other hand, we have a situation where
9 we have an aging population in the country which would
10 be served by another nursing home facility. Do you see
11 a difference between those two?

12 And the next question is when you say there
13 is no zone in the community that would accommodate
14 this, does the community have to have a zone for this
15 kind of situation?

16 A That's picking a last question first. It's my
17 opinion that the community has to make reasonable
18 accommodation for this type of use. So -- so I would
19 say yes, you have to make reasonable accommodation,
20 particularly since you have a site that is so well
21 suited to this use.

22 Q Why does the community have to make this
23 accommodation?

24 A Because these people are protected under federal
25 and state law. And because they have those

Higgins - Examination/Unidentified Speaker 136

1 protections, you can't exclude them. And if you don't
2 permit it somewhere in your community, you're excluding
3 them. So, therefore, you're in violation of the
4 protections that are provided in those state and
5 federal laws.

6 Q So every community has to have a --

7 A They should --

8 Q -- provision --

9 A They should make accommodation, yes, for this type
10 of use. That doesn't mean it has to be there. They
11 have to make accommodation for it to be there.

12 MR. SACHS: Actually, if there's other
13 questions, I'll respond when Mr. Higgins has completed.

14 UNIDENTIFIED SPEAKER: No, go ahead.

15 MR. LEONCAVALLO: Okay.

16 MR. HIMELMAN: Did you want to -- you had a
17 second part.

18 BY UNIDENTIFIED SPEAKER:

19 Q Yeah. We're trading off one condition to
20 address a concern for another one to address a concern.

21 A And you have a zone that permits nursing homes.

22 Q Right. So why --

23 A So you could build a nursing home other places in
24 that zone. You don't permit this use, so you can't put
25 this use anyplace in that zone unless you come before

Higgins - Examination/Unidentified Speaker 137

1 this Board and get a use variance. So, again, that I
2 think goes to a reasonable accommodation. There is no
3 reasonable accommodation for this use.

4 Q But they could be located at some other in
5 the borough?

6 A Only if they had to come in and get a use
7 variance, and that's not before the Board at this point
8 in time. Here you have somebody that is willing,
9 somebody that is capable of building this use on this
10 site. And I'm stealing a little bit of Ms. Cofone's
11 testimony -- or her thunder, but they are willing, they
12 are capable, and they are ready to go immediately, to
13 the point where they've even started renovating the
14 building, taking that risk.

15 And, therefore, you are making -- by
16 approving this, you are making a reasonable
17 accommodation. And I think that's -- that's the
18 difference.

19 MR. SACHS: Let me respond briefly to, I
20 guess, the conceptual reason of why we even have a
21 Zoning Board of Adjustment, okay? It's impossible to
22 account for every -- every single conceivable use that
23 could be generated anywhere within the State of New
24 Jersey. And, as you know, every municipality has
25 zones, and every municipality has permitted uses within

Higgins - Examination/Unidentified Speaker 138

1 zones. And the ones that kind of fall in that gray
2 area are the ones that come before a zoning board
3 seeking use variance relief, and that's exactly what
4 this applicant is doing.

5 Now, there are other types of uses which are
6 prohibited in zones, and they're specifically
7 prohibited. Again, that would require something that
8 would also be before this Board for a use variance.

9 So I understand the argument by the applicant
10 that this is similar to a nursing home or -- or a
11 hospital, but our zoning officer has determined that
12 it's not, and that's why they're here for a use
13 variance.

14 UNIDENTIFIED SPEAKER: So, looking at -- I'm
15 not an attorney, so you guys help me out here. 42 U.S.
16 Code 139 -- 1396R, "Requirements for Nursing
17 Facilities," and it goes on to define what a nursing
18 home facility is. And it says, "Rehabilitation
19 services for rehabilitation of injured, disabled, or
20 sick persons or on a regular basis health-related care
21 and services to individuals who, because of their
22 mental or physical condition, require care and services
23 above the level of room and board which can be made
24 available to them only through institutional facilities
25 and is not primarily for the care and treatment of

Higgins - Examination/Unidentified Speaker 139

1 mental illness."

2 MR. SACHS: Well, yeah. And I think in Mr.
3 Higgins' own definition of what our ordinance says a
4 long-term care facility is, it specifically states that
5 it's for the care of elderly residents or --

6 THE WITNESS: It says "older adults."

7 MR. SACHS: Older adults.

8 MR. HIMELMAN: Older adults.

9 THE WITNESS: That's a term that's so vague,
10 but we don't want to get into an argument now.

11 MR. SACHS: All right. But older adults.
12 All right. Now, you have heard testimony this evening
13 from the operations witness that their average age is
14 35 and that their targeted group is 18 to 28. I would
15 not consider -- I think we could take judicial notice
16 of the fact that those are not older adults. All
17 right.

18 Now, that doesn't mean that this is not a
19 site that's suitable for this proposed use, and that's
20 obviously a determination that this Board will have to
21 make --

22 THE WITNESS: Just --

23 MR. SACHS: -- considering all the testimony.

24 THE WITNESS: Let me read a sentence from my
25 outline which I did not cover in my direct testimony

1 that may help you a little bit, too.

2 In terms of the impact on zoning, the use
3 consists of a variety of activities encompassing
4 medical, educational, and daycare. All of these uses
5 are permitted uses in the prime zone in long-term care
6 facilities. The overwhelming need for this service,
7 meaning the drug rehabilitation, has evolved more
8 recently than the date of the adoption of the
9 ordinance, and the use was likely not considered at the
10 time of adoption of the ordinance, which goes back to
11 what Larry was saying. You don't -- you can't consider
12 every possible use, especially if the use isn't that
13 common.

14 So the point I was trying to make in my
15 testimony is that it's very similar use to what's
16 permitted in the zone, so it's not going to have a
17 negative impact on the zoning.

18 UNIDENTIFIED SPEAKER: Thank you.

19 VICE CHAIRMAN HENRY: I just have one
20 question.

21 EXAMINATION BY VICE CHAIRMAN HENRY:

22 Q You talk about the negative impact. Are drug
23 addicts themselves considered a negative impact in an
24 area?

25 A From a planning and zoning standpoint, no.

1 VICE CHAIRMAN HENRY: Okay. Thank you.

2 MR. SACHS: Let me comment on that.

3 THE WITNESS: Yeah, just qualify. That's if
4 they're in a facility where they are being
5 rehabilitated.

6 MR. SACHS: Right.

7 THE WITNESS: Clearly if they're out on the
8 street and they're destitute and they're wandering
9 around and affecting neighborhoods, yeah, then they
10 would be negative.

11 But when they're in a controlled environment
12 in a facility to where they're being rehabilitated,
13 they are not considered a negative impact.

14 MR. SACHS: Well, when we're talking about
15 negative detriment to the surrounding community, we're
16 talking about impacts of traffic, we're talking about
17 impacts of aesthetics, we're talking about impacts of
18 lighting, noise. Those are the impacts we're talking
19 about that would be negative impacts.

20 The mere fact that someone is a substance
21 abuser doesn't necessarily make them a negative
22 detriment to the community, just understand under the
23 case law that's --

24 THE WITNESS: That's correct.

25 MR. SACHS: Yeah. That's -- we're dealing

Colloquy

142

1 with zoning issues. We're not dealing with morality
2 issues. This is a zoning issue. This is a Zoning
3 Board of Adjustment.

4 MR. LEONCAVALLO: Mr. Chairman, one comment.
5 We talked about this before. Our ordinance has some
6 obsolete items in it, because it was approved in 1999.
7 That's not a significant amount of time.

8 We are looking at some of these things in the
9 prime zone. Back then, we didn't have this type of
10 animal. We didn't have, you know, drug rehabilitation
11 to this kind of degree and scale.

12 I agree with my research, yeah, we have a
13 real problem. And as Mr. Higgins said, it's a state
14 problem and a nationwide problem. And there's a lot of
15 reasons for that. So -- but I concur with him in terms
16 of there is a significant need.

17 And I think the need can be demonstrated that
18 there is a licensure procedure to follow, and that is
19 indicative of a need. And then I think we can go to
20 the issues with, you know, the populations that are in
21 this.

22 And I think, of course, they're younger, but
23 you could have people that are older that -- that
24 become addicted to opioids, you know, because of, you
25 know, pain or relief of pain. So -- and I think the

Colloquy

143

1 policies of the state are apparent. I think -- I agree
2 with his balancing test.

3 I think this is -- if you're going to have a
4 balancing test done -- and I didn't know that he was on
5 the Sica case, which is a --

6 MR. HIMELMAN: I knew that.

7 MR. SACHS: That's impressive.

8 MR. CHAIRMAN: It's very impressive, Jim.

9 MR. LEONCAVALLO: So I think it's something
10 you have to think of. He's looked at the aesthetics,
11 the noise, the traffic, safety. A lot of those things
12 are minimal in this case. I think this is a -- you
13 know, an appropriate place for this.

14 And it is isolated, given the elevation it's
15 at and the situation with the adjacent parkway being
16 right there.

17 So I think we have to look at this in the
18 future in terms of remodifying some of our ordinance.
19 We talked about doing signage over again, because a lot
20 of the signage regulations that we have from then, or
21 really before 1999, probably 1997, 1998, really don't
22 -- aren't all applicable now. And some of them I
23 mentioned, there was, like, a monument sign. We don't
24 have a monument sign in the ordinance. So every time
25 you have to give a waiver for that if someone comes in

Colloquy

144

1 with an office situation and wants a monument sign at
2 the entrance of the building.

3 So I concur with Jim, and I agree with his
4 opinions.

5 MR. CHAIRMAN: Okay. Any other questions?

6 MR. HIMELMAN: Mr. Chairman, I just wanted to
7 -- I just wanted to thank Mr. Higgins, because when I
8 first got involved in this application, I realized the
9 significant planning and zoning issues, as Mr. Sachs
10 alluded to, and I felt and recommended to the client
11 retaining someone of Mr. Higgins' stature, because this
12 is, you know, a complicated and complex problem.

13 And I just wanted to personally on the record
14 thank him for his time and his testimony. I think it
15 was well done. Thank you.

16 MR. SACHS: Mr. Himelman, you have another
17 witness who I don't think we're going to get to this
18 evening.

19 MR. HIMELMAN: It appears that -- Mr.
20 Corrigan, you have to leave, I understand. So, Mr.
21 Sachs, I will respect that.

22 MR. SACHS: All right. So, Mr. Chairman, I
23 know we've -- before we resumed for the -- after the
24 break, the applicant has agreed to come back on -- Dc
25 13th?

Colloquy

145

1 MR. HIMELMAN: Correct.

2 MR. CHAIRMAN: December 13th.

3 MR. SACHS: All right. So on December 13th,
4 you will have Ms. Cofone who will testify, and also
5 your other witnesses will be available?

6 MR. HIMELMAN: Everyone will be back on the
7 13th.

8 MR. SACHS: So this way the members of the
9 public certainly will have an opportunity to comment
10 and ask any questions of the witnesses. All right.

11 So, again, there will be no further notice
12 with respect to this application. December 13th it
13 will be carried to.

14 MR. HIMELMAN: Thank you. Mr. Chairman, I
15 just wanted to thank you and the members of the Board
16 and your professionals for holding this special meeting
17 tonight, and we very much -- the applicant very much
18 appreciates that, and I presume the public does as
19 well. So, thank you.

20 MR. CHAIRMAN: We'll see you on the 13th.

21 MR. HIMELMAN: Have a good evening.

22 (Meeting adjourned.)
23
24
25

C E R T I F I C A T I O N

I, LORI KNOLLMEYER, the assigned transcriber, do hereby certify the foregoing transcript of proceedings on CD is prepared in full compliance with the current Transcript Format for Judicial Proceedings and is a true and accurate compressed transcript of the proceedings as recorded, and to the best of our ability.

/s/ Lori Knollmeyer

LORI KNOLLMEYER AOC #004-AAERT-T

J&J COURT TRANSCRIBERS, INC. DATE: January 29, 2018

EXHIBIT D

1 BOARD OF ADJUSTMENT
2 BOROUGH OF SAYREVILLE
3 COUNTY OF MIDDLESEX
4 STATE OF NEW JERSEY

5 In the Matter of)
6 The Application of:) Transcript of
7 RECOVERY CENTERS OF AMERICA) proceedings
8 #17-29)
9 901 Ernston Road)
10 -----

11
12 Wednesday, December 13, 2017
13 Municipal Building
14 167 Main Street
15 Sayreville, New Jersey

16
17 BOARD OF ADJUSTMENT

18
19 RON GREEN, Chairman
20 TOM KUCZYNSKI
21 MARIA CATALLO
22 JOHN CORRIGAN
23 BILL HENRY
24 ANTHONY ESPOSITO
25 PHIL EMMA
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I N D E X

2	<u>WITNESS</u>	<u>PAGE</u>
3	DENI CARISE	
4	DIRECT EXAMINATION BY MR. HIMELMAN	5
5	CONTINUED	17
6	CONTINUED	24
7	DAVID DORSCHU	
8	DIRECT EXAMINATION BY MR. HIMELMAN	14
9	CONTINUED	65
10	EDMUND CAMPBELL	
11	DIRECT EXAMINATION BY MR. HIMELMAN	21
12	MICHAEL DESROSIERS	
13	DIRECT EXAMINATION BY MR. HIMELMAN	80
14	CHRISTINE COFONE	
15	DIRECT EXAMINATION BY MR. HIMELMAN	85
16	DENNIS O'LEARY	
17	SWORN	96
18	DEBORAH LEE	
19	SWORN	101
20	ROBERT RASA	
21	SWORN	103
22	PAUL LIEBERMAN	
23	SWORN	107
24	DENNIS O'LEARY, SR.	
25	SWORN	110
26	PRASANNA KULKARNI	
27	SWORN	113
28	ERVIN AGOSTON	
29	SWORN	116
30	ZENNABELLE SEWELL	
31	SWORN	119

1 THE CHAIRMAN: The only application on
2 tonight is Recovery Centers of America, 901 Ernston
3 Road.

4 MR. HIMELMAN: Mr. Chairman, members of
5 the board, good evening. My name is David Himelman,
6 and I represent the applicant, 901 Ernston Road,
7 LLC, which as you know is RCA. Mr. Chairman, as you
8 recall from the November 8 meeting, we did have
9 several witnesses that appeared and testified.
10 Since that time, we have -- I believe concluded with
11 Mr. Higgins' testimony, and so for tonight I have
12 two additional witnesses. I'd like to recall our --
13 one of our witnesses from RCA, Dr. Carise, who you
14 recall from the last meeting, and primarily to
15 address the issue that I had spoken to Mr. Sachs
16 about and also was referenced in Mr. Leoncavallo's
17 memo regarding certain issues relative to the RCA
18 Massachusetts facilities, and Dr. Carise will
19 address that matter. And then Christine Cofone, our
20 planner, additional planner, we will have her
21 testify on certain planning issues relative to this
22 application. And that would conclude our direct
23 testimony, and then obviously, I presume at that
24 point, they will be subject to further questions
25 from the board. Obviously, the public is here, and

1 we can see how the rest of the evening progresses,
2 but that's sort of the line up that we were
3 thinking.

4 So if the board doesn't have any
5 questions at this point, I will call Dr. Carise up,
6 and, Mr. Sachs, if I recall, she had been sworn in
7 at the last meeting, but we can certainly swear her
8 in again.

9 MR. SACHS: That's okay. You're still
10 under oath. Thank you.

11

12 D E N I C A R I S E, having been previously sworn,
13 resumed and testified as follows:

14 DIRECT EXAMINATION BY MR. HIMELMAN:

15 Q. Good evening. Now, have you had an
16 opportunity to I guess review Mr. Leoncavallo's
17 memorandum?

18 A. Yes.

19 Q. And he had asked us to sort of discuss
20 certain issues regarding the facts and circumstances
21 relative to two facilities that were -- are managed
22 and operated by RCA. So if you would sort of give
23 the board a brief overview of that, and then we can
24 discuss and respond to any questions that the board
25 may have. Here's the microphone.

1 THE WITNESS: Okay. So I was asked to
2 talk about the incidences up in Boston. We have two
3 treatment facilities up in Boston. One is in
4 Danvers, Massachusetts, and that is a place where we
5 had a patient death, and we had a second patient
6 that was rushed to the hospital, and he consequently
7 died at the hospital afterwards. So there were two
8 deaths. The other facility is in Westminster, about
9 an hour away, and in Westminster, that was a
10 facility that, unlike our others, we bought it when
11 there was a group of people that got it together,
12 kind of rehabbed it and were going to open it, and
13 we bought it, and it came with some staff that were
14 already committed. So we basically brought the
15 building, the zoning, and some of the staff people
16 to open it up and to run it as an RCA facility.

17 So let me just go first about the
18 deaths. So in February 2017, you know, the reality
19 is that this is a deadly disease. People die from
20 all kinds of things with this disease, not just
21 overdoses, but from all kinds of cardiac or other
22 events. I can't get into real specifics. That
23 would violate HIPAA, but I feel like I can tell you
24 we had one older gentleman died of natural causes.
25 He was with us less than 20 hours. He was a

1 long-term multiple heroin, cocaine, and alcohol
2 abuser.

3 There was a second death in August of
4 2017. This person was rushed to the hospital in
5 distress, and we don't have a final determination of
6 cause of death from that person.

7 The important thing to know is that we
8 reported these to the state when they happened the
9 way we should, the way we always will. When the
10 articles came out about this, that's when the state
11 came in afterwards. They already know about it and
12 looked into it. They came in after the articles,
13 and they stopped admissions in the Danvers site
14 only, okay. So the Westminster site, up, running,
15 has been since that day, still is, and in the
16 Danvers site, they didn't come in and close the
17 site, which they could. State regulators do that.
18 They came in and they stopped admissions, and what
19 they said to us was that if you surrender your
20 license, we'll expedite it for to do a whole new
21 full review and get you your license back, and that
22 would be better for us than if you say you won't
23 surrender your license.

24 We surrendered our license. Since then
25 actually, the state regulators have been great.

1 We've been working with them on every nook, cranny,
2 policy. They have looked at everything from fire
3 extinguishers to medication storage to training
4 programs to clinical care, and we've been -- they
5 have visited us a third time now. The last visit
6 they made to us was on December 4. We're still
7 waiting for the report from that visit, and we
8 expect to be open again there this month.

9 Q. Now, just for the record, the regulatory
10 agency you're referring to in Massachusetts?

11 A. It's called BSAS. It's the Bureau of
12 Substance Abuse Services for Massachusetts. It's
13 called a Single State Agency.

14 Q. So they came in you said and they did a
15 review of the Danvers facility; is that correct?

16 A. Yeah, they came in and they reviewed.
17 They've been there three times. The reason for that
18 is they have to review the detox separately from the
19 residential care. They call one ATS. They have to
20 review it separately, and there's a different team
21 that reviews the residential care.

22 Q. And have they concluded their review
23 investigation?

24 A. We believe they've completed their
25 review and investigation. They were very positive

1 when they were there on the 4th of December, and
2 they said that you will get our written -- we can't
3 do anything until we have a written report from
4 them, and again, we expect to be open this month.

5 Q. Okay, but thus far there's been no
6 indication from that agency that there's been any
7 wrongdoing?

8 A. No, there's been no allegation of
9 wrongdoing or cause of death assigned to us.

10 Q. And so what's the status now?

11 A. The status right now is that we're
12 waiting for their report, and we again expect to be
13 open this month; could be next week.

14 Q. So you anticipate getting your licensure
15 back, correct.

16 A. Yes, we do. The Westminster site is on
17 a provisional license. That is exactly what they do
18 with everybody. You come, in the state gives you a
19 provisional license, particularly if you're a new,
20 you know, health care provider in the field. If you
21 don't have sites up and running in that state
22 already, they always give you a provisional license,
23 and then they reevaluate you in 6 or 12 months and
24 make a decision on whether they're going to give you
25 another provisional or a full license.

Carise - direct

10

1 Q. Okay.

2 A. I'm happy to answer any questions.

3 MR. SACHS: Thank you, Mr. Chairman.

4 Just a couple questions just based on your
5 testimony, Dr. Carise. The two deaths that
6 occurred, and they were both at the Danvers site?

7 THE WITNESS: Patients were both at
8 Danvers, yes.

9 MR. SACHS: Were those deaths attributed
10 to any overdoses?

11 THE WITNESS: The first one was natural
12 causes.

13 MR. SACHS: That doesn't answer my
14 question. Was it attributed to an overdose?

15 THE WITNESS: No.

16 MR. SACHS: Okay. What about the second
17 death?

18 THE WITNESS: The second death, we do
19 know that there was prescribed suboxone and some
20 cocaine in the system, but the death has not been
21 linked to the overdose but can only imagine was a
22 part of it.

23 MR. SACHS: And how long had that
24 patient been in the facility from the time of
25 admission to the time of the death?

1 THE WITNESS: That patient had been in
2 the Westminster facility for about 2 months, and he
3 transferred over to Danvers, and he had been at
4 Danvers for 7 days. One thing I will tell you is
5 that that patient -- one of the things we did with
6 that patient, which you'll remember from our last
7 meeting told you we never do anymore, is that we
8 allow them to have access to their cell phone and
9 the internet, and that is something that we make no
10 exceptions for anymore because we can imagine that's
11 how the drugs came.

12 MR. SACHS: And you referenced a written
13 report that was going to be issued by the
14 Commonwealth of Massachusetts.

15 THE WITNESS: Yes.

16 MR. SACHS: Has that been issued yet?

17 THE WITNESS: No, the site visit was
18 before so we are awaiting that report.

19 MR. SACHS: All right, and when that
20 report gets issued -- and I can ask this through
21 counsel -- perhaps this board can be provided with a
22 copy of that report.

23 MR. HIMELMAN: Sure. It's a public
24 record.

25 THE WITNESS: Yeah, it is public record.

Carise - direct

12

1 MR. HIMELMAN: Absolutely.

2 MR. SACHS: All right. My last question
3 to you is you mentioned an agency called the Bureau
4 of Substance Abuse Services.

5 THE WITNESS: Yes.

6 MR. SACHS: That's a regulatory agency
7 in Massachusetts.

8 THE WITNESS: Yes, it is.

9 MR. SACHS: Is there an equivalent
10 agency in New Jersey?

11 THE WITNESS: Yes, there is.

12 MR. SACHS: What agency is that?

13 FROM THE FLOOR: New Jersey Office of
14 Licensure.

15 THE WITNESS: The New Jersey Office of
16 Licensure is what yours is called.

17 MR. SACHS: New Jersey Office of
18 Licensure?

19 THE WITNESS: Yes, and that's the agency
20 that licenses Lighthouse, our current New Jersey
21 site.

22 MR. SACHS: That's a licensing agency.
23 Is there an oversight agency that deals with your
24 facility in -- I know you have one in Hamilton and
25 one in Cape May.

1 THE WITNESS: In Mays Landing.

2 MR. SACHS: Mays Landing, down in Mays
3 Landing. What's the agency that provides the
4 oversight, though. I understand the New Jersey
5 Office of Licensure is just a licensing facility,
6 just like all over professions and other types of
7 businesses are licensed, but what's the regulatory
8 agency that provides the oversight to your
9 particular --

10 THE WITNESS: It's the same. In Boston,
11 BSAS gives you the license, and they do the
12 oversight. They come and do site visits. All the
13 state agencies do site visits themselves and provide
14 oversight.

15 MR. SACHS: All right, so the New Jersey
16 Office of Licensure does do site visits?

17 THE WITNESS: Yes. This is the CEO.

18 MR. SACHS: And how often do those
19 visits occur?

20 THE WITNESS: I'm sorry.

21 MR. SACHS: If you want to come up, sir.

22 THE WITNESS: I'm sorry. He knows the
23 detail of this state more than I do. He is our CEO
24 of the Mays Landing facility, which is very similar
25 to Sayreville, and he testified here before.

1 MR. SACHS: He did testify previously.

2 THE WITNESS: He knows the details
3 better than I do.

4 MR. SACHS: That's fine. And you know,
5 sir, since it's a new hearing, we'll swear you in.
6 Please raise your right hand; I'll swear you in.

7

8 D A V I D D O R S C H U, sworn.

9 DIRECT EXAMINATION BY MR. HIMELMAN:

10 MR. SACHS: Please state your name,
11 spelling your last name, and your affiliation with
12 the applicant.

13 THE WITNESS: My name is David Dorschu,
14 and that is spelled D-o-r-s-c-h-u, and I'm the chief
15 executive officer of the Recovery Centers of America
16 site in Mays Landing.

17 MR. SACHS: Okay. So my question to Dr.
18 Carise, and I guess you can answer it, is I
19 understand that you get licensed by this New Jersey
20 Office of Licensure. What type of oversight,
21 however, and what I mean by oversight is actual site
22 visits, audits of your facility, random visits, how
23 often does that occur, and tell me the procedure
24 that occurs.

25 THE WITNESS: The Department of the

1 Office of Licensing is under the Department of Human
2 Services moving -- it's being transitioned to under
3 the Department of Health. They conduct annual
4 inspections, and what they're doing when they
5 conduct their inspections is they are just reviewing
6 all of their regulations and assessing if we are
7 complying with those regulations. So at the end of
8 that site visit, you perhaps have some deficiencies,
9 and they issue a report, and then you respond with a
10 plan of correction. So in my facility, we are in
11 good standing with the state, full licensure for our
12 inpatient program as well as outpatients.

13 MR. SACHS: Okay, and are there any
14 other regulatory agencies in the State of New Jersey
15 that provide any oversight?

16 THE WITNESS: In the State of New
17 Jersey, no. We do have accreditation bodies, the
18 Joint Commission on the Accreditation of Health Care
19 Organizations, that's an accreditation body, but to
20 answer your question, no.

21 MR. SACHS: So it's just this one
22 agency.

23 THE WITNESS: Yes.

24 MR. SACHS: And they come in annually?

25 THE WITNESS: They come in annually.

1 Yes, that's the licensure span of 12 months.

2 MR. SACHS: And how often -- when they
3 come to the facility, how often do they stay at the
4 facility? How long -- you know, what -- how
5 comprehensive is the --

6 THE WITNESS: It's extremely
7 comprehensive. They're there typically for two to
8 three days, and they are inspecting everything from
9 the cleanliness of the kitchen to the personnel
10 files of all the staff. They are reviewing medical
11 records of the clients. They are reviewing our
12 quality assurance procedures. So it's very
13 comprehensive.

14 MR. SACHS: Okay. Thank you.

15 THE WITNESS: You're welcome.

16 THE CHAIRMAN: I have a question. In
17 view of this inspection you're talking about, are
18 you aware of when they come? Are you notified ahead
19 of time when they're coming?

20 THE WITNESS: No, you are not.

21 THE CHAIRMAN: You're not.

22 THE WITNESS: In the State of New
23 Jersey, you are not.

24 THE CHAIRMAN: So they just come when
25 they feel as though they want to come.

1 THE WITNESS: Correct. It's called an
2 unannounced inspection, and so you have to be, you
3 know, the idea is that you are prepared 100 percent
4 of the time, you are in 100 percent compliance. So
5 you're upholding the regulations.

6 THE CHAIRMAN: But it is once a year.

7 THE WITNESS: It is once a year.

8 MR. HIMELMAN: Thank you very much.

9 THE WITNESS: You're welcome.

10

11 D E N I C A R I S E, continued.

12 THE CHAIRMAN: Doctor, I have a
13 question. Doctor, you were here on the meeting of
14 November 8, that special meeting.

15 THE WITNESS: Yes.

16 THE CHAIRMAN: This incident -- and you
17 testified on that date, November 8. This incident
18 or these incidents that occurred up in Massachusetts
19 were in August.

20 THE WITNESS: February and August.

21 THE CHAIRMAN: Would you tell the board
22 why you didn't mention that to us when you were here
23 the last time.

24 THE WITNESS: Why I didn't mention to
25 you that at another site we had a death?

1 THE CHAIRMAN: Yes.

2 THE WITNESS: It was still under
3 investigation. You know, it wasn't something
4 that -- the reality is that people die from this
5 disease all the time, and while you hope it never
6 happens, you just want to make sure you get quality
7 care. I wasn't trying to hide it. I didn't know
8 that it was something that I should bring up.

9 THE CHAIRMAN: Well, there were two
10 incidents, not one, but two in one place, and the
11 last one was in August, August the 18th, and the
12 other one was in February.

13 THE WITNESS: Yes.

14 THE CHAIRMAN: And yet you were here in
15 November, and you never mentioned to us once about
16 what had occurred back then, and I was wondering why
17 you didn't tell us about that.

18 THE WITNESS: I didn't --

19 Q. Doctor, is it fair to say, number 1, the
20 matter was under investigation then, and at this
21 point today, we have a clear picture that, A, there
22 is no evidence of any wrongdoing and most likely you
23 will receive your licensure back; is that fair to
24 say?

25 A. That's fair to say, but I just didn't

1 think it that was something I would bring up for New
2 Jersey.

3 THE CHAIRMAN: Any questions?

4 MR. HENRY: If I could. Thank you.

5 I'll ask you, Doctor. I'm not sure if this is the
6 right person to ask or not, but some articles we
7 were reading about those things up in Massachusetts
8 said -- I believe said the staffing was under
9 proportion that it should have been. Could you
10 address that.

11 THE WITNESS: I really can. So again,
12 when we took those facilities on, Danvers was one
13 that we hired ourselves. In Westminster, we had a
14 group of people working there. People were hired
15 with different job titles. People were -- there was
16 a CEO there that we eventually had to get rid of.
17 There were a number of allegations that were made by
18 some disgruntled employees to the newspaper that
19 were put on there. The fact that we have shoddy
20 care is just not accurate. The fact that our staff
21 ratios are higher than the state requires so that
22 was found untrue. The staffing ratio at Lighthouse
23 in Mays Landing right now is higher than your state
24 requires. That's just the way that we do it.

25 Again, a lot of this was from

1 disgruntled employees that was proven false when we
2 looked into it. If we had a fault, I would say one
3 thing we did poorly was electronic health records.
4 We had a little glitch with those. We didn't train
5 on those enough, and so that's what, you know, where
6 you'll see there were also accusations that patients
7 didn't get treatment. That was completely
8 unfounded. We went through hours and hours and
9 hours of videotape. Like I said last time I was
10 here, we had video cameras in every group room,
11 every room except the bedroom and bathroom, which
12 we're not allowed by law, and we documented and
13 showed the state of people going in and out of group
14 rooms all day all the time.

15 MR. HENRY: A couple other questions.
16 Now, I believe in south Jersey there is a couple
17 towns that you folks were declined when you came in
18 front of the zoning board?

19 MR. HIMELMAN: That's correct.

20 THE WITNESS: Haddonfield.

21 MR. HENRY: Can you address why that
22 might have happened.

23 THE WITNESS: I'm not sure I can say why
24 the board declined us.

25 MR. HIMELMAN: I'm not sure what your

1 question is.

2 MR. HENRY: Well, you were presenting in
3 front of the zoning board in the past.

4 MR. HIMELMAN: Correct.

5 MR. HENRY: I don't remember the
6 towns -- I don't have my records with me -- and you
7 were declined.

8 MR. HIMELMAN: Gloucester Township.

9 MR. HENRY: And you were declined. I
10 was just wondering why they declined you. Is that
11 public record?

12 MR. HIMELMAN: Well, there wasn't an
13 actual decline, that's correct.

14 Ed, you want to address that. This is
15 Ed -- he's an attorney --

16 MR. SACHS: Let me -- even though you
17 are a counsel, I'm going to swear you in. Wait a
18 minute, sir. Please raise your right hand.

19

20 E D M U N D C A M P B E L L, sworn.

21 DIRECT EXAMINATION BY MR. HIMELMAN:

22 MR. SACHS: Please state your name,
23 spelling your last name, professional affiliation
24 with the applicant.

25 THE WITNESS: My name is Edmund

1 Campbell. My last name is spelled C-a-m-p-b-e-l-l.
2 I'm a partner with the law firm of Campbell Rocco
3 Law, and our law firm serves as counsel to RCA. I'm
4 licensed as an attorney in Pennsylvania and New
5 Jersey. Grew up -- lifelong resident of New Jersey.

6 So there are -- in two municipalities we
7 made applications. One is Gloucester Township and
8 the other is Haddonfield, and in Gloucester
9 Township, we originally got some site plan
10 approvals, and then we had site plan approvals
11 denied. We took appeals from those denials, and
12 subsequently, our appeal was essentially sustained.
13 The court directed the planning board to convene and
14 rehear the matter at its first available hearing and
15 grant us the relief that we had been requested,
16 which they did.

17 With regard to Haddonfield, we made an
18 application there, and candidly, in response to
19 litigation, they're offering to buy the property
20 from us, and -- which is a completely different
21 avenue to pursue, but I think it's -- it is not
22 accurate to say we made applications in other
23 municipalities that were denied for the reasons that
24 we understand you are concerned about tonight,
25 nothing to do with that whatsoever. In one instance

1 the court sent it back and it was approved, and the
2 other we're working out a different compromise.

3 Q. So but in Gloucester Township it was
4 remanded, correct?

5 A. Correct.

6 Q. And then ultimately --

7 A. It was a consent order with the board
8 and we agreed that the judge sent back.

9 Q. It was a denial at some point, correct?

10 A. Correct, which took an appeal, and it
11 went back.

12 MR. SACHS: These were prerogative writ
13 lawsuits.

14 THE WITNESS: Correct.

15 MR. SACHS: And I'm assuming they were
16 use variance applications, as well?

17 THE WITNESS: Correct. They were both
18 site plan applications, not use variances, but
19 actually, there's other litigation, as well,
20 regarding under Americans With Disabilities Act --

21 MR. SACHS: I understand.

22 THE WITNESS: -- and fair housing.

23 MR. SACHS: Understand. I just caution
24 the board. Obviously, what happened in another town
25 is of no relevance for purposes of your

1 consideration before this board. Every application
2 stands on its merits in this particular town. So
3 what happened in Gloucester, what happened in
4 Haddonfield, what happened anywhere else in New
5 Jersey in terms of an approval or denial is of no
6 relevance.

7
8 D E N I C A R I S E, continued.

9 THE WITNESS: I just want to say, I
10 mean, there's universal agreement that people are
11 dying in unprecedented numbers. There is a need.
12 But frankly, nobody wants it in their community, and
13 that's why we spent so much time at zoning meetings
14 trying to, you know, be very up front about what we
15 do, who we do it with, how we do it, and what we'll
16 be able to and willing to do to accommodate
17 concerns. Middlesex County had 5,705 residents who
18 were admitted to substance abuse treatment last year
19 alone, so the need here is great. We also had -- a
20 couple weeks ago, we were coming to transport a
21 resident here to our Lighthouse facility a couple
22 hours away. The car was due at 7:30, and again, we
23 had to drive an hour and a half, and the person
24 overdosed and died at 7 o'clock at night. So right
25 before we got there to take him all the way back out

1 to Lighthouse, he passed away.

2 So there's a huge need, but again,
3 everybody doesn't want it in their neighborhood,
4 which I understand.

5 MR. HENRY: Now, this facility here in
6 Sayreville, was it 145 beds?

7 THE WITNESS: I believe it's 149 with an
8 expected occupancy of 90 percent, which is 134.

9 MR. HENRY: And what is the largest
10 facility you have now?

11 THE WITNESS: Danvers was 207 beds, and
12 we have one in Devon that was an expansion is going
13 to be 240.

14 MR. HENRY: And then my last question
15 is, you know, we talked about the deaths you had up
16 in Massachusetts. Has there ever been any instances
17 that you had to call the police or with any of your
18 facilities that created problems or anything else
19 like that?

20 THE WITNESS: Not that created problems,
21 and I don't know if you got a letter from the chief
22 of police in Mays Landing who said that he was
23 really glad that we were there and -- oh, mayor.

24 MR. SACHS: We received a letter from
25 the mayor.

1 THE WITNESS: Saying they were glad we
2 were there. But to answer your question directly,
3 if a patient has a heart attack or if a patient --
4 in the one case where a patient used drugs, when we
5 call an ambulance for whatever reason, in some
6 states, the police are obligated to arrive, as well.

7 MR. HENRY: I understand. I'm talking
8 about more of a criminal aspect more so than, you
9 know, emergency aspect where someone is dying or
10 something like that.

11 THE WITNESS: Not to my knowledge.

12 MR. HENRY: All right. Thank you.

13 THE WITNESS: You're welcome.

14 THE CHAIRMAN: Doctor, I have another
15 question. Correct me if I'm wrong with this
16 question. My understanding at the Sayreville
17 facility, there will be no Medicare, no Medicaid, no
18 scholarship fund, and no beds for people without
19 insurance; am I correct in that?

20 THE WITNESS: No, you're not correct
21 with that. We scholarship as a company more than
22 anyplace I have ever worked. We -- I forget what it
23 was, but, I mean, we've only been open a year and a
24 half, and we've been \$3 million in scholarships
25 across all of our sites. We scholarship all the

1 time. Some of our sites have Medicaid, and some do
2 not. I do not know what the New Jersey negotiation
3 will be for that, but my -- I don't believe
4 Lighthouse has Medicaid, and so my guess is that
5 this state is not negotiating a rate that we can
6 even come close to so that we probably won't have
7 Medicaid, but we will have scholarships.

8 THE CHAIRMAN: Okay. That's as --
9 you're talking about the Sayreville facility now.

10 THE WITNESS: Yes.

11 THE CHAIRMAN: Do you have to have
12 insurance?

13 THE WITNESS: I would say that
14 97 percent of our folks have insurance. Well, if
15 you look at scholarships, some of our scholarships
16 don't have insurance. About 97 percent are
17 insurance, and then there's about 2 percent that are
18 cash or self-pay, but the insurance that we take --
19 what's really important is that there's not other
20 sites -- there's one other site I think in New
21 Jersey that takes what's called in-network
22 insurance, which means your insurance is in-network
23 with us. We have a negotiated rate with them. We
24 don't bill them what's called out of network, which
25 is a much higher billing procedure and insurance

1 really dislikes so we try and go in-network for the
2 benefit of the patient and for the ability to serve
3 many more people.

4 THE CHAIRMAN: Can you explain to the
5 board the scholarship fund that would be set up at
6 the Sayreville facility.

7 THE WITNESS: I don't know because we
8 don't have a, you know, a dedicated amount, and we
9 don't have like -- we basically scholarship a lot of
10 people when we open because it's better for
11 everybody to treat 10 or 12 patients than 1 or 2 or
12 3 so we scholarship a lot when we open. We
13 scholarship a lot when people's insurance runs out.
14 But if the board wanted something more formal, we
15 could probably put that together.

16 Q. Maybe you can explain in your other
17 facilities. I think the chairman is looking for
18 general sense of how the scholarship program would
19 work; is that correct, Mr. Chairman?

20 THE CHAIRMAN: That's correct.

21 Q. So if you could just maybe Lighthouse or
22 one of those facilities.

23 A. I'll give you -- to the best of my
24 ability I'll give you. Typically, it's a fireman's
25 daughter or it's a teacher's son, and they can't

1 afford to put them through. Sometimes it's an
2 employee's spouse or an employee's friend. You
3 know, sometimes it's -- I won't say the mayor, but
4 it's been a public official's kid, and, you know,
5 again, I've worked in hundreds of treatment
6 programs. I've never seen the volume of
7 scholarships, and I know that that's not a tangible
8 exactly how we do it. If the board wanted that, we
9 could look at that, but the reality is that we --
10 frankly, it's more like we scholarship left and
11 right in an amazing way.

12 Q. But is it fair to say, just to follow up
13 on the chairman's question, that, A, there will be a
14 scholarship program offered for the Sayreville
15 facility, and the funding and how that works will be
16 similar to your other facilities; is that correct?

17 A. That's correct.

18 MR. SACHS: I think we'd like to see
19 information about how these scholarships work, and
20 listen, quite frankly, I'm not concerned about the
21 public official's child. I'm concerned about the
22 indigent child of Sayreville or the individual who
23 may not have insurance, be it a child or an adult,
24 who happens to live in Sayreville. That's really
25 what I think.

1 MR. ESPOSITO: Or, if I may, and I'm not
2 saying this is true, but if the mayor's son who
3 wrote the letter, okay, and the letter goes out the
4 window, doesn't it? I'm not saying that was his
5 son.

6 THE WITNESS: No, I can tell you it
7 wasn't. I can't tell you what public official it
8 was.

9 MR. SACHS: So, Mr. Himelman, I think
10 maybe we would like to see some information,
11 detailed information as to how this scholarship
12 information works.

13 MR. HIMELMAN: Sure.

14 THE WITNESS: Yeah. I'll work with
15 finance to get that together because they know more
16 than me exactly who they scholarship when.

17 THE CHAIRMAN: Mr. Esposito.

18 MR. ESPOSITO: Thank you, Mr. Chairman.
19 Just one question. So you learned from the person's
20 death in Boston or Massachusetts that no longer are
21 you allowed phones or internet service, but with all
22 the cameras and all the security, even with internet
23 service, how did he get drugs into that facility,
24 assuming he did?

25 THE WITNESS: It pains me to say this.

1 We've looked every way from Sunday. We don't know.
2 We have looked at all the video. We've looked at
3 multiple things. We search every package that gets
4 delivered. When visitors come, we search their
5 bags. The reality is that the, you know, a hundred
6 percent of the time -- I wish we could catch it a
7 hundred percent of the time.

8 MR. ESPOSITO: Where there's a will
9 there's a way would you say? If they want it bad
10 enough.

11 THE WITNESS: It has to be an incredibly
12 strong will. Remember, too, this is kind of a
13 disorder characterized by impulsive thinking and a
14 drive to get the drug. Again, if there are other
15 things we should be doing, I'd want to know about
16 them and I'd want to do them, but again, we search
17 every bag, we search every visitor, we search every
18 parcel that comes in in front of the patient. The
19 patients are not allowed to walk out the door and
20 see somebody and come back in. If their family is
21 visiting, they don't get to go to the car to say
22 good-bye, and sometimes where there is a will,
23 there's a way.

24 MR. ESPOSITO: Thank you.

25 MS. CATALLO: Excuse me. Do your

1 employees get checked when they come in?

2 THE WITNESS: Employees get checked --
3 you know, that's a good question. The employees
4 don't get checked every day when they come in. They
5 do get literally tested to make sure that employees
6 are not using. That's a thought. It's a thought.
7 Boy, I hate to --

8 MS. CATALLO: Could an employees have
9 passed him something if he brought it in?

10 THE WITNESS: Boy, that's -- that's a
11 possibility, you're right about that. I'd hate to
12 imagine it, but we don't -- you're right that we
13 don't check every employee's bag every time they
14 come in.

15 MR. ESPOSITO: Do you drug test the
16 people when they're in there, or is the presumption
17 because of coming in --

18 THE WITNESS: No, we do drug test. We
19 drug test upon them entering the facility, and then
20 we drug test about once a week or if there's any
21 cause for suspicion. Cause for suspicion for us is
22 even if somebody has to go out and get an EKG at the
23 hospital and come back, we have staff go with them
24 and come back. Anybody time anybody leaves the site
25 for a reason, we test them when they come back in.

1 The other tests would be for cause. If we feel
2 their behavior, you know, shows something unusual,
3 we will test them there. So we test them during the
4 time they're there if there's any reason for cause.
5 We test them when they come in, and depending upon
6 what they're using when they come in, sometimes
7 we'll do what's called quantitative testing because,
8 for example, if somebody tests positive for
9 marijuana, they'll test positive for the next month,
10 but if you do a quantitative, you can see the level
11 of THC going down. So we don't want to say, hey,
12 you're positive again two weeks later when the
13 level's going down.

14 MR. ESPOSITO: So is it possible to say
15 that the person who died -- somehow -- I mean, who
16 knows how he got these drugs. Could it have been
17 right after a drug test and between drug tests and
18 the fact that he had something in his system, he
19 took a lesser amount than he normally would have
20 so -- I mean, I'm trying to figure out how this --
21 this is scary how it can happen, and it's got to be
22 inside job I would think, and you would think -- I
23 hate to presume, but people are capable of anything,
24 but, you know, how does it happen if every guest is
25 checked. It's really scary.

1 THE WITNESS: My first thought was that
2 he had it mailed, but I was reassured that we search
3 everybody's mail.

4 MR. ESPOSITO: Are these random tests?
5 Do you test unannounced?

6 THE WITNESS: They're unannounced, yes.
7 The reason we don't test them on a real regular
8 basis -- I don't know if you've been seeing this in
9 the news. There's a really significant problem in
10 our industry right now with the Affordable Care Act
11 when it was passed had basically a loophole in it
12 and that it allowed for drug treatment programs to
13 test people for drugs and alcohol like three and
14 four times a week at a thousand dollars a pop, and
15 the loophole basically meant that they got paid for
16 that each time even when there was no reason to do
17 it, and treatment programs, unethical treatment
18 programs are making 25, 30 percent of their profit
19 is on urine drug screens, and then the people go
20 home, and if their insurance doesn't cover it, they
21 could have a hundred thousand dollar bill just for
22 that. So we don't want to unnecessarily test, and
23 when we do test, we do it basically at cost. In
24 fact, we don't bill separately for tests at all.
25 It's built in. But we do it when they come. We do

1 it to look at levels going down. We do it for any
2 possible cause of suspicion.

3 MR. ESPOSITO: Thank you.

4 MR. KUCZYNSKI: So you check everything
5 coming in, and this is -- pertains to what's going
6 to be happening that might affect the area. How
7 often do you find something, somebody trying to
8 sneak something in, because if they're trying to
9 sneak it in, then it's passing through our
10 community. That's why I'm concerned.

11 THE WITNESS: Yeah, I'm not aware of us
12 finding anything. Very rare. It's amazing, though,
13 what people will do. This is not with RCA, but at
14 another job, another place, we had a patient's mom,
15 who was a doctor, smuggling opiate pills in a bible
16 to her son in treatment because she said we weren't
17 treating his pain well enough. I mean, it is just
18 -- this is not RCA. It was another site. It is
19 amazing what people do. So again, we do leaf
20 through books when somebody mails them books. We
21 check pockets of everything and the hems of
22 everything. When they first come in, we actually do
23 a full body search, and I mean a full body search,
24 because we cannot afford to have drugs being brought
25 in the community. We had no evidence whatsoever

1 with this patient that any other patient in the site
2 used any drugs, and typically what we'll do is we
3 will test anybody they hung around with, their
4 roommate. Nobody else tested positive.

5 MR. KREISMER: I have one question. In
6 the Danvers facility, you mentioned part of the
7 problem was the staff that was acquired with the
8 facility.

9 THE WITNESS: Yes.

10 MR. KREISMER: Can you give us some idea
11 what -- how you will acquire staff in the Sayreville
12 site, how you will train the staff.

13 THE WITNESS: Sure, absolutely. It's
14 actually quite amazing the efforts we go to. So we
15 have a site in Billingsley that's opening in April.
16 We're already -- tomorrow is the job fair in
17 Billingsley for a site that's scheduled to open in
18 April. So we have job fairs typically off site at a
19 hotel. We actually had 500 people respond to the ad
20 that went out about the job fair and on a computer
21 program saying that they're showing up, give us
22 their name and resume. So they're expecting 500
23 people tomorrow. We go through. Everybody
24 interviews with somebody who is a specialist, so a
25 driver interviews with one of our drivers, a

1 clinical interviews with clinical. We do the job
2 interviews. We call references.

3 And then as for training when they come
4 in, there is about a month's worth of training, and
5 it ranges from anything from, you know, obviously
6 the driver's training is very different from the
7 clinician's training. But to speak from the
8 clinical aspect, we train them in assessment. We
9 train them in motivational interviewing and a number
10 of different other practices. We're training them
11 much better now on how to enter notes and what kind
12 of notes to do and the electronic health record. So
13 they get trained on everything, you know, A to Z.
14 We have a staff of 18 full-time masters level
15 trainers, and all they do is go to the sites that
16 they open and train and go back to the sites.

17 MR. KREISMER: Do you do background
18 checks on those people that apply?

19 THE WITNESS: We do a background check,
20 yes, and I believe we do a urine drug screen on
21 everybody that applies.

22 MR. KREISMER: And what period of time
23 -- I mean, how long does it take to get up and
24 running?

25 THE WITNESS: At a site. The ramp-up is

1 typically when we open, you know, we're looking to
2 ramp up maybe eight new patients a week so, you
3 know, and sometimes we hit that. Actually, almost
4 every time we've hit it up to a certain point, and
5 when we get to a certain point, we want to -- we
6 stay kind of stable at that point for a while, make
7 sure everything is ironed out the way that we want,
8 but the ramp-up is about eight per week.

9 MR. KREISMER: And for situations where
10 you need to seek care in a local hospital, whatever,
11 do you have meetings with the hospital?

12 THE WITNESS: We do. We go proactively
13 before we open, and we meet with the nearby
14 hospitals. We have a patient advocate teams in
15 every area. In fact, I was talking to somebody in
16 patient advocate in this area was sending us about
17 12 to 15 people a month to our Lighthouse site.
18 That person here, where they are, they're also
19 responsible for reaching out to mothers groups or
20 parents groups, but also to law enforcement, to
21 prevention programs, to the hospitals, and making
22 sure that we have a really quick line of
23 transportation if the person becomes acutely sick or
24 medically in need of additional treatment.

25 MR. KREISMER: So I had a conversation

1 with a doctor who is connected with a number of
2 hospitals in the area who expressed concerns about
3 their ability to deal with this kind of situation.

4 THE WITNESS: I'm just looking for
5 something I know I have here. So New Jersey had an
6 893 percent increase in fentanyl deaths last year
7 alone, and let me just see if I can find this. They
8 -- you are number 6 in the country for the amount of
9 overdose visits in the ER. So what I'd like to hope
10 is that we can decrease those overdoses in the long
11 run and that it will be a benefit to them because
12 you're not the biggest state, but per hundred
13 thousand people, you're number 6 in the country for
14 overdose visits in the ER. Your ER's are getting
15 really slaughtered.

16 MR. KREISMER: I guess the concern is
17 with the staff the hospital has now, there was some
18 concern about being able to deal with a number of
19 patients that are -- that that would be -- might
20 potentially be transferred to their facility and to
21 deal with that within their facility.

22 THE WITNESS: Right. Well, some of the
23 things that we'll do -- and again, these are people
24 that by and large live in Middlesex County so
25 they're going to your ER's anyway. One of the

1 things I'm really adamant about at our sites is that
2 we have a full medical presence, that we have
3 psychiatry and medicine so that we -- and that we
4 have RN's on staff. We always have multiple teams
5 of nurses, but the states don't require us to have
6 RN's 24/7. I require us to have RN's 24/7 so that
7 if somebody has a diabetic, you know, episode or
8 something that we can take care of at our site, we
9 can alleviate that kind of ER visit. I don't think
10 that you're going to have more overdoses because a
11 treatment program's here than you did before the
12 treatment program was here.

13 MR. KREISMER: You mentioned moving
14 someone from this area to a facility that you have
15 was like 2 and a half --

16 THE WITNESS: Mays Landing.

17 MR. KREISMER: Yeah. Would you be doing
18 the same thing with potential patients or patients
19 from other counties?

20 THE WITNESS: Yeah, we are -- and we
21 pride ourselves on and we are profoundly committed
22 to the neighborhood model. That's why we do have
23 the advocates in the neighborhood making liaisons
24 with the hospitals, with the police chief, with the
25 whoever else, you know, we can do that with. So we

1 plan to get most people -- with 5,700 admissions
2 last year, we think we've got enough people right
3 here. In fact, we had interventionists tonight
4 while we're here that are just a few blocks away
5 doing an intervention on a patient, and we will take
6 that patient to Lighthouse because we don't have
7 anything here yet. So the reason that we're taking
8 people from here out to Lighthouse is because we
9 don't have anything here. My expectation is, you
10 know, again, we really pride ourselves on being a
11 local place because that's what it kind of a
12 background of our clinical care, which is this. If
13 you can get detox and residential treatment and
14 outpatient treatment and go to NA and AA and your
15 parents or your family can get family therapy or
16 education and we can have spiritual services for
17 recovering people all in one place, that's when
18 people get well.

19 MR. KREISMER: Thank you.

20 MR. SACHS: Mr. Chairman, just one other
21 question. In terms of the nursing, the RN that's on
22 staff, are you saying that you'll have an RN on
23 site, not on staff, on site 24/7?

24 THE WITNESS: Yes.

25 MR. SACHS: Okay, and how about --

1 THE WITNESS: And by the way, that's not
2 all we'll have.

3 MR. SACHS: No, I understand. That's my
4 next question. Who is going to be on site 24/7?

5 THE WITNESS: Generally, like David
6 Dorschu, who was up here, he is on site a massive
7 number of hours, as well as his clinical director.
8 When they're not there, that's a key person in
9 charge. You can ask him, but on his site, he
10 probably gets called in the middle of the night or
11 he gets called at different times. One of the
12 issues we had with the Westminster site was that the
13 staff there that we inherited didn't believe in
14 doing admissions 24/7, and they had a real problem
15 with that, and they really rebelled against it, and
16 the reality is you have like this much time when
17 somebody is ready to go into treatment to get them
18 in treatment. So we do admissions 24/7. The
19 admission staff are there, nursing is there 24/7.
20 There's always somebody identified as the key
21 person, who is a high level person, and the -- sorry
22 to say, but our CEO's and our clinical directors are
23 on call all the time.

24 MR. SACHS: What about physicians?

25 THE WITNESS: There's not a physician

1 there 24/7. There is a full-time physician. There
2 are nurse practitioners. There are RN's, but they
3 are also on call.

4 MR. SACHS: All right, so let's go back
5 to the physician. So the physicians are not 24/7,
6 which --

7 THE WITNESS: No.

8 MR. SACHS: How many hours a day will a
9 physician generally be there?

10 THE WITNESS: I think back to my
11 scheduling. So here's what we're -- here's what our
12 staffing ratio is. In a site about the size of
13 Sayreville, we would have a full-time medical
14 director. In our staffing, we have a full-time
15 psychiatrist, and we have I think one or two
16 psychiatric nurse practitioners and one or two
17 medical nurse practitioners. So those are the
18 medical staff above and beyond the RN level nurse.

19 MR. SACHS: So those professionals would
20 be there during the daytime hours?

21 THE WITNESS: Not all during the day.
22 That's why we separate that out. So typically --
23 and again, it would be based on what the experience
24 is, but the experience is that we don't need as much
25 medical between midnight and 8 a.m. Typically, the

1 medical director is there from 7:30 until about 5.
2 Typically, one or two of the nurse practitioners are
3 there between maybe 3 and midnight, and then one of
4 them is there on the weekend.

5 MR. SACHS: All right.

6 THE WITNESS: And that's -- frankly,
7 that's higher in terms of --

8 MR. SACHS: I understand.

9 THE WITNESS: Okay.

10 MR. SACHS: Mr. Himelman, I think what
11 I'd like to also see, and I'm sure the board would
12 probably like to see it, as well, is -- there was
13 some ambiguity with the testimony previously, and
14 I'm not blaming any of your witnesses --

15 MR. HIMELMAN: Sure.

16 MR. SACHS: -- but I want to pin down
17 what the staffing -- what the staffing -- the
18 minimum staffing on this site will be 24/7.

19 THE WITNESS: I'll get that to you.

20 MR. SACHS: If you want to break it down
21 however you break down your shifts, if it's from 7
22 till 4, 4 till midnight, midnight till 7, I think we
23 need to know that.

24 MR. HIMELMAN: That's fine. I think we
25 can get you that tonight.

1 MR. SACHS: That's fine.

2 MR. HIMELMAN: Also, I just wanted to
3 add -- I'm sorry, Mr. Sachs, did you have any other
4 questions? Mr. Chairman, any board members have any
5 questions?

6 THE CHAIRMAN: No.

7 MR. HIMELMAN: Okay.

8 THE CHAIRMAN: Your facility would be
9 21 days, correct, in-patient?

10 THE WITNESS: Well, what we're trying to
11 do is be a 30-day program because we don't think 21
12 is enough, but the reality is that we have to fight
13 insurance for every single day, so in terms of
14 residential care, we're shooting for a 30-day
15 program.

16 THE CHAIRMAN: Okay, but presently it's
17 21.

18 THE WITNESS: Presently depending upon
19 which site, it's between 15 and 21.

20 THE CHAIRMAN: Okay. Now, a person who
21 comes in for 15 to 21 --

22 THE WITNESS: Yes.

23 THE CHAIRMAN: -- and relapses, now,
24 when that person relapses and he's brought back in,
25 is the treatment almost identical to the primary

1 treatment that he had when he first came there.

2 THE WITNESS: It's a good question. So
3 the residential part of care is really to stabilize
4 somebody and get them ready for the next level of
5 care. So what we typically see with relapsers is
6 about I would say if you looked nationally only
7 about 35 percent of people who go for treatment are
8 going for the first team. That's a national figure,
9 right. So the reality is that the people who
10 relapse right after a residential care are people
11 that don't go to outpatients. So we would try and
12 do things differently with that patient. They would
13 be in some different groups, but the more of the
14 emphasis would be on making absolutely sure that
15 patient is brought into, has met their outpatients
16 therapy and committed to continuing in outpatients.

17 Now, the other piece would be that if we
18 feel somebody needs a residential level of care of
19 90 or 120 days, we would refer them to a place that
20 specializes in that.

21 THE CHAIRMAN: Doctor, are you going to
22 -- are you in charge of Mays Landing?

23 THE WITNESS: No, I'm not. I'm globally
24 across the board.

25 THE CHAIRMAN: You're in charge of all

1 of them so you'll have a lot to say in Sayreville?

2 THE WITNESS: I'd like to think so,
3 yeah.

4 MR. HIMELMAN: We hope so.

5 THE CHAIRMAN: Now, you testified the
6 last time you were here that methadone would not be
7 used; am I correct?

8 THE WITNESS: What I testified was that
9 this is not a methadone clinic. People are not
10 going to come every day to get methadone. I did
11 say, too, though, that we used methadone in detoxing
12 people. There's some people that are addicted to
13 methadone, and that's the right medication for them
14 for a period of five days or so to detox them off
15 methadone, but this is not a place where people will
16 come back to to get methadone every day. It's not a
17 methadone clinic.

18 THE CHAIRMAN: Okay. There's also a
19 drug I want to ask you about. I don't know if I'm
20 going to pronounce this correct. I'll spell it.
21 S-u-b --

22 THE WITNESS: Suboxone?

23 THE CHAIRMAN: Yes.

24 THE WITNESS: Okay.

25 THE CHAIRMAN: Do you use that?

1 THE WITNESS: Yes, we do use that for
2 detoxing, also. So suboxone -- whereas methadone is
3 a complete agonist, suboxone is a partial agonist,
4 partial antagonist. It is widely replacing
5 methadone in the field, although there's still a few
6 detoxing patients who do better with the methadone,
7 but the suboxone is that it is -- it's got both
8 Naloxone and Subutex in it, which means that if you
9 try and crush it and inject it, the Naloxone, which
10 is actually an opiate blocker, that becomes -- it's
11 inert unless you try and mess with the pill, and
12 then it becomes active and it blocks your body from
13 getting any of the opiate. So we use suboxone to
14 detox people in decreasing doses.

15 THE CHAIRMAN: So you will use those
16 drugs in your outpatients.

17 THE WITNESS: No, just inpatient, just
18 for detox purposes, yes.

19 THE CHAIRMAN: Board have any other
20 questions?

21 MR. EMMA: I do.

22 THE WITNESS: Yes, sir.

23 MR. EMMA: During the treatment, do the
24 patients ever -- do you ever take them outside? Do
25 they ever walk around the grounds just to get some

1 air, or are they really relegated, you know, to the
2 building?

3 THE WITNESS: They go outside, but they
4 don't go outside without a staff member that's
5 responsible for them, and they don't go outside like
6 50 patients and one staff. It's a much higher ratio
7 than that. So it's not uncommon that they might
8 have a softball game and 10 of them will be out
9 there with two staff playing softball. In our
10 Earleville site in Maryland, it's right on a hiking
11 trail, and there is an adventure therapist that will
12 take six people out for a hike. So they do get
13 outside, but they don't -- and then also, we do
14 allow people to smoke. We have a designated smoking
15 area outside. There's always staff with them. But
16 -- so they get out, but in a very controlled way.

17 MR. EMMA: I'd like to piggyback what
18 Mr. Esposito was talking about with respect to how
19 the drugs were getting into the facility with those
20 two deaths. If they're allowed outside, you're
21 saying you have a couple of monitors that are --

22 THE WITNESS: No, what I'm saying is
23 that we're not sending 50 patients outside without,
24 you know -- that's just unheard of.

25 MR. EMMA: Is it 1-to-1, or do you have

1 a group? What I'm saying is drugs outside, they go
2 outside, pick them up. Are they searched when they
3 go back in?

4 THE WITNESS: They're not searched when
5 they go back in because the staff is with them all
6 the time, and so, for example, they might walk them
7 to the volleyball court, play volleyball, and go.
8 Now, if they had somebody come and plant drugs
9 there, they'd have to be able to pick them up
10 without us seeing them do that, and the other piece
11 of it is, too, people don't go outside and play
12 volleyball. In fact, the state won't allow it if
13 they're still in detox, so by the time they go out
14 at all for a walk with staff or for a volleyball
15 game, they're already well into treatment, and we
16 feel like they're less of a risk. If we ask you to
17 promise you it could never happen, I couldn't do
18 that, you know, at a hundred percent, you know, with
19 you, but I can tell you a hundred percent somebody
20 will be with them and will be on top of them, not
21 with them like watching them over there, with them
22 like the way I'm with this group of you right now.

23 MR. EMMA: I mean, the facility isn't
24 fenced in so someone actually could walk onto the
25 property and potentially do that.

1 THE WITNESS: It's possible, but I will
2 tell you we have people walking on the perimeter of
3 the property. We have -- again, it's not every
4 second, every minute, and every square inch, but we
5 have people outside walking and monitoring the
6 property. Everybody stops anybody who is on the
7 property that they don't know why they're on there.
8 Even our construction guys are just harassed because
9 everybody doesn't know who all the different
10 construction folks are that work for the company.
11 So, you know, can somebody do it, yeah, but we do
12 have monitors that walk the grounds that look for
13 that kind of stuff. We have -- any staff that sees
14 somebody will say something.

15 MR. EMMA: I know we mentioned this at
16 the last meeting. If you could just refresh it. As
17 far as the people are there, it's their choice to be
18 there. They're not forced to be there. So if they
19 get halfway through the program, they just want to
20 call it quits, they can literally get their clothes
21 and leave. What's the process of you notifying the
22 police department? What's the process of someone
23 just walking out the door, walking down the street.

24 THE WITNESS: Right. So I'll go over
25 this again. If somebody wants to leave before their

1 treatment is done, we have a step process of
2 literally six or eight things that happen before
3 they can leave, and it ends with you can only leave
4 by being picked up by a family member we know and we
5 walk you to the car or our car will take you
6 somewhere. It starts with we have a team of staff
7 that will try and do what's called AMA blocking.
8 AMA is leaving against medical advice. They will
9 try and AMA block. So they will get with a person,
10 talk about why. They have releases. They'll call
11 their parents or spouse and say they want to go
12 home, why don't you talk to them. They get all
13 different staff involved. Then they gets patients
14 involved. There's a group of patients that are kind
15 of high on the ladder of the patients that are
16 getting ready to leave and doing really well.
17 They'll try and block it. If they still want to go,
18 again, it's not a lock-down facility, but again, we
19 have their keys, we have their wallet, we have their
20 iPhone. We have -- if they brought a laptop in,
21 which they shouldn't, we have that, and we have to
22 sign that out. They have to fill out a satisfaction
23 survey. They have to sign something that says
24 they're leaving AMA. If they're on any medications,
25 which many of them are on different medications like

1 heart medications or whatnot, we have to get the
2 doctor to get the scrip so that they have that
3 medication for the next two weeks while they're out
4 in the field. So it's not a matter of just deciding
5 they want to go and walking out the door. If they
6 did do that, we would alert authorities. But again,
7 it means that a pretty much a middle class person is
8 left without their keys, their wallet, their cell
9 phone and whatnot.

10 MR. EMMA: If they wanted to leave, they
11 could just walk. There's nothing stopping them from
12 just walking.

13 THE WITNESS: By law we're not allowed
14 to pin them down and stop them.

15 MR. SACHS: Why would you call the
16 authorities? Mr. Emma mentioned it, but you don't
17 have to call the police. They're not -- you're
18 making the assumption perhaps that someone is a
19 criminal. We've already indicated that this will
20 not accept any referrals. So if somebody wants to
21 leave and they want to leave on their own volition
22 and you've gone through the whole procedure, they
23 can leave.

24 THE WITNESS: They can leave. We don't
25 call the police --

1 MR. SACHS: I would suggest you don't
2 call the police because that would be an invasion of
3 privacy of that individual to call the police and
4 say, oh, by the way, Joe Smith, who has a drug
5 problem, is leaving here. That's not a police
6 matter, and nor should it be.

7 THE WITNESS: I will tell you there
8 could be a case where we feel that this is --

9 MR. SACHS: If they're a risk --

10 THE WITNESS: -- this is some kind of a
11 danger --

12 MR. SACHS: That I understand.

13 THE WITNESS: -- and we would call
14 because at the point at which they're not our
15 patient and they're on our property, even if they're
16 walking off, they're trespassing. That's how we
17 get --

18 MR. SACHS: I understand.

19 MR. EMMA: What happens if Joe Smith
20 walks out of the facility and just walks 200 feet
21 down Ernston Road and then they're at the school.

22 MR. SACHS: Again, we're taking a big
23 leap that somebody who in this facility is a
24 criminal, which obviously they're not. We cannot --

25 MR. EMMA: I'm not saying they're a

1 criminal, but they have some issues.

2 MR. SACHS: They have some issues.

3 MR. EMMA: Now they are on school
4 property.

5 MR. SACHS: Just like anybody else might
6 have issues. I want to understand, and again, it's
7 not incumbent upon this board to require that when
8 someone leaves you contact the police. This is a
9 voluntary facility. It would be like if somebody
10 left a nursing home facility against medical advice,
11 would we call the police? Probably not, unless they
12 were an Alzheimer's patient and perhaps we're
13 concerned about their safety.

14 MR. HIMELMAN: Correct, and, Mr. Sachs,
15 just to follow up with that, it's like any other
16 business. If somebody were trespassing or they were
17 -- they feared for their safety, we call the police,
18 but as a normal protocol, no, correct, Dr. Carise;
19 is that fair to say?

20 THE WITNESS: Normal protocol, no, but I
21 just want you to stop for one second. If this was
22 your daughter or this was your son in treatment and
23 they decided to leave and we did everything we could
24 to get them to stay, do you think that they're a
25 danger to the community? I mean, half the people

1 here with me tonight are in long-term recovery,
2 including myself. These are your neighbor's kids.
3 These are your, you know, colleagues. These are not
4 people that we're busing in from Camden.

5 Q. Thank you, Doctor.

6 MR. HENRY: One question. Do you have
7 any facilities by schools right now?

8 THE WITNESS: We have one that's close
9 to a college. Devon is close to a school. I
10 apologize that I don't know off the top of my head.

11 FROM THE FLOOR: Devon is close.

12 THE WITNESS: Close to a middle school
13 in Devon.

14 MR. ESPOSITO: You can see the concern.
15 I don't know if you were present or you were. We're
16 dealing with kindergarten kids and preschoolers so
17 you can understand the community's concern,
18 obviously, and the board's for that matter. It's
19 not the overwhelming history, but it is a concern.

20 THE WITNESS: Yes, and I don't blame you
21 for the concern. I checked with two out of my five
22 sites today. I got word back and I was checking a
23 lot of data. They've never had a single person walk
24 out. I didn't get back from the other three sites.
25 I would tell you if they did. I really would. I

1 understand the concern and --

2 MR. SACHS: I'm thinking, you know, if
3 the board were to act favorably on this application,
4 one of the possible conditions could be that in
5 terms of your operations nobody leaves the site
6 unless they are brought into a vehicle, a motor
7 vehicle, and escorted in a motor vehicle off of the
8 site.

9 THE WITNESS: That's what we do.

10 MR. SACHS: That could be a condition of
11 any approval.

12 MR. EMMA: If someone didn't want to get
13 into that vehicle and just walk?

14 MR. SACHS: What we're going to say is
15 that, first of all, that would have to be their
16 procedure, but we could make that a condition of any
17 approval, as well.

18 MR. ESPOSITO: You do that now, but it
19 could be a friend.

20 THE WITNESS: No, if they're leaving
21 what's called AMA, we let them -- again, we go
22 through all kinds of different checks and balances.
23 It takes about 4 or 5 hours to leave AMA. It's not
24 like they tell us and they're gone. So at that
25 point -- and we only release them to -- usually it's

1 a parent, frankly, but the car to drive home of
2 somebody that's been involved in treatment with them
3 like a parent or our car will take them out.

4 MR. HIMELMAN: Mr. Sachs, just thought
5 that was an excellent suggestion on your
6 recommendation on the if a patient is going to be
7 voluntarily leaving and they go through all the
8 screening process and they're checked out, we have
9 no issue with the condition being implemented that
10 they would have to be escorted into a motor vehicle,
11 which, by the way, is a very similar condition that
12 was imposed by RCA -- to RCA on another application
13 in another jurisdiction, exactly what you're
14 recommending, and there's been no issue. I can have
15 the client testify.

16 THE CHAIRMAN: I have one more question,
17 Doctor. Hopefully, this is the last question.

18 THE WITNESS: That would be great.

19 THE CHAIRMAN: Person gets admitted to
20 your facility and goes through the 21 days.

21 THE WITNESS: Yes.

22 THE CHAIRMAN: And let's say that the
23 recommendation after the 21 days is the outpatients.

24 THE WITNESS: Yes.

25 THE CHAIRMAN: And that goes to the

1 30-day period. So we're talking 21 days admitted
2 plus the outpatients to come up to 1 month. I'm not
3 sure you can answer this, but what's the average
4 cost for a 30-day treatment in your facility?

5 THE WITNESS: Now, I know that the
6 newspaper quoted \$24,000 for a month. That's just
7 not true for a cost. The -- it would depend on
8 which site, and it would depend on -- I'll give you
9 an example. If we're in network with Blue Cross of
10 New Jersey or Horizon or whatever and our network
11 rate is 550 a day, that's what they agree to pay us,
12 that's what we agree to accept, so it would be that
13 times 21 days and then the outpatient, which I
14 really hope will last longer than 1 week, maybe
15 anywhere from once a week to three times a week to
16 five days a week. So there's different levels of
17 out patient so that would be additional cost but
18 obviously much less than the day rate.

19 THE CHAIRMAN: Any other questions of
20 the board?

21 MR. EMMA: I do. I have one, one more.
22 You mentioned the last time you were here, but can
23 you go over the criteria of what you determine is a
24 success for a patient or a successful outcome. Kind
25 of vague the last time that you were here you

1 couldn't like pin what your success rate is. I
2 mean, can you give us --

3 MR. HIMELMAN: Is that for outpatients
4 or --

5 MR. EMMA: For just recovery for in
6 patient.

7 THE WITNESS: Yeah. The thing about
8 this field is that you got to go back to how it
9 evolved. It's a paraprofessional field. It was.
10 One addict helping another getting people sober,
11 right, and so the goal was always a hundred percent.
12 So the field starting measuring itself. As the
13 field become more professionalized, and as we got
14 covered by the Affordable Care Act as one of the 10
15 essential benefits that insurers had to cover it,
16 and as we started getting paid more by insurance,
17 the field has had to really change and to really
18 deliver care, document care, and the field wants to
19 get paid for it like a regular medical field, right,
20 you know, and all that came around the same time as
21 we showed the genes that the addiction gene was
22 located on and other things. So the reality is
23 because of those transitions, the fields never had a
24 gold standard. If you asked me personally from my
25 professional career as an NIH researcher for

1 18 years, the number 1 goal of residential --
2 actually, there's two goals in residential. They're
3 equally important. One is to stabilize the patient,
4 stabilize medical, psychiatric, family problems,
5 stabilize the patient. The second goal of
6 residential treatment, equally as important, is get
7 them involved in outpatient treatment because when
8 somebody goes, particularly if they go to just detox
9 and leave, that's an incredibly high risk time for
10 that person to overdose and die because they no
11 longer have the drugs in their system if they go
12 back out and use again. That's when most people
13 die. There's two times that people are very high
14 risk for death. One is upon discharge from jail,
15 and the other is upon discharge from detox, okay.
16 So my goal, the first goal I would look at is did
17 they transition to outpatient care, and the way the
18 government, the feds would define that would be --
19 or the NIH -- would be attending at least three
20 sessions. The goal I would have for somebody -- a
21 lot of the research centers around 90 days. It
22 seems that if you can get somebody to commit to
23 something and do it on a regular basis for 90 days,
24 they have a really greatly increased chance of
25 sticking with that. Whether it's frankly a diet or

1 quitting drugs or exercising, there's a 90-day kind
2 of piece. If I can get somebody to stay in some
3 kind of treatment, even if it's just outpatient once
4 a week, for longer than that time period, that's my
5 next goal.

6 MR. EMMA: So you're saying that the
7 high risk for a patient is right after they finish
8 their inpatient and that transition to outpatient,
9 so do you keep any type of records? Do you know
10 what your --

11 THE WITNESS: Absolutely, we keep both
12 records, and we really push to get people to
13 transition to the next level of care with us so that
14 it's an easier transition. We try and drive them
15 there and meet their therapist, see that they go. I
16 can tell you the national statistics about
17 50 percent of outpatients first visits don't show
18 up, and 50 percent of those that show up the first
19 time don't show up the second time, so what we do to
20 try and alleviate that is to go and introduce them
21 to the outpatient therapist. I even design my
22 outpatients to use the same furniture, the same type
23 tones and colors so they feel like they're kind of
24 coming home, you know. What we do is we set up a
25 campus where we also have, you know, detox,

1 inpatient, and outpatient, and then as we grow in
2 that community, we see where the folks are coming
3 from and we site satellite outpatients around. So
4 because we're kind of new, we don't have as much of
5 that, but in New Jersey, so we have outpatients in
6 Mays Landing site. We also have it in Manahawkin, I
7 believe Cherry Hill, and Voorhees, and so we try and
8 get them into that site. We have -- I think about
9 26 percent of people stay at Mays Landing to do
10 their outpatients there. Another I think 25 or so
11 percent connect with other outpatients, and we're
12 still working to get that number higher and higher.
13 The biggest risk is when they're right out of detox,
14 but it's also out of residential.

15 MR. EMMA: So I guess what I'm getting
16 at is I'm trying to quantify what success is. Like
17 how do you gauge success to know that your program
18 is effective, maybe you can do something different.
19 How do you weigh that?

20 THE WITNESS: What we can do, again,
21 since there's no gold standards and since
22 treatment --

23 MR. EMMA: What do you guys use as a
24 standard?

25 THE WITNESS: What we use is length of

1 time in treatment. We use satisfaction ratings,
2 which is something we get now on a random and
3 regular basis. We use transitions to outpatient.
4 We use type of discharge. We call people up for the
5 first four weeks after they've gone and ask them a
6 bunch of questions, and we're just putting together,
7 you know, a calling center that will call people for
8 up to a year, and while I do say that the goal is
9 the abstinence from drugs and alcohol, I also want
10 to for the community and for -- you know, everybody
11 is different, has a different goal. So your police
12 system want to know that they haven't been arrested.
13 Their insurance wants to know that they haven't been
14 in and out of the ER because substance abusers take
15 11 times the amount of medical treatment costs as a
16 non substance abuser. So I also want to look at
17 things that the community values because frankly,
18 the community doesn't really always care if they
19 don't have a drink for a year and they get their
20 birthday cake.

21 THE CHAIRMAN: Any other questions from
22 the board?

23 MR. HIMELMAN: Mr. Chairman, thank you.
24 So to address your questions and Mr. Sachs'
25 questions, I'd like to call David Dorschu, who will

1 address the scholarship issue and also the staffing.
2 If you recall, he operates one of the RCA facilities
3 in south Jersey. If he can address that and pretty
4 much he's going to explain how that works there, and
5 be very similar here. I'll let David explain that.

6 MR. SACHS: You're still under oath,
7 sir.

8

9 D A V I D D O R S C H U, continued.

10 Q. Just for the record, just state your
11 name, spelling it, please.

12 MR. SACHS: No, he's okay. He's all
13 right. We swore him in already.

14 MR. HIMELMAN: No, but for the reporter.
15 I want to make sure that --

16 MR. SACHS: Didn't I swear him in
17 already?

18 Q. David, if you would just explain how the
19 scholarship program works at your facility and also
20 the staffing requirements to address Mr. Sachs'
21 questions about the staggering of shifts and would
22 that apply to the Sayreville facility.

23 A. First of all, when it comes to
24 scholarships, Dr. Carise made a statement I think is
25 really important to repeat, and that statement is

1 that Recovery Centers of America scholarships more
2 clients than personally any organization I've ever
3 been involved with. So I've been in the substance
4 abuse treatment field for over 22 years
5 post-graduate, and I can tell you that we frequently
6 do scholarship people, okay. How do those
7 scholarships come about? Our business development
8 folks makes me aware of someone who's in need, and
9 then what the process is that I will then take that
10 to my corporate office, the corporate finance
11 office, with a plan for that patient as to how many
12 days I'm requesting that scholarship and then what's
13 the plan once they leave, do they have stable
14 housing, can we get them into outpatient, and that
15 type of thing. I can tell you that 75 percent of my
16 scholarship requests are approved, and I'm very
17 proud to say that. So there's not necessarily a
18 scholarship fund per se, but that's the process that
19 is followed when it comes to scholarship. Does that
20 satisfy your --

21 Q. Well --

22 MR. SACHS: Not really, no.

23 Q. So if you could address for the board
24 and for the public, so you mentioned that 75 percent
25 of the requests are approved for scholarship

1 requests, correct?

2 A. Uh-huh.

3 Q. Okay. Can you quantify that, and you
4 can also explain how that process works.

5 A. It probably equates to about two clients
6 per month that we are approving scholarships for,
7 probably about 20 to 25 days total of scholarship
8 per month of what we refer to as patient days.

9 MR. EMMA: Is it per facility?

10 THE WITNESS: I'm sorry?

11 MR. EMMA: Is it per facility?

12 THE WITNESS: I can only speak to my
13 facility, which is in Mays Landing. I can't speak
14 to the other facilities.

15 Q. And in Mays Landing, since you've been
16 there, can you give us a sense of the dollars that
17 have been awarded scholarships and for what period
18 of time, just broadly if you can.

19 A. Probably about an average probably about
20 \$2,000 a month, \$2,500 a month. That's off the top
21 of my head.

22 Q. And for how long has that -- since the
23 facility has been operational?

24 A. Well, since I've been CEO, which is
25 16 months, which is since August of 2016.

1 MR. SACHS: So what you're saying is
2 that Mays Landing your average is about two clients
3 per month are there on scholarship.

4 THE WITNESS: Uh-huh.

5 MR. SACHS: All right, so that's 24
6 scholarships a year?

7 THE WITNESS: Approximate.

8 MR. SACHS: All right, and what -- and
9 it's for 20 to 25 days?

10 THE WITNESS: Between the two clients.

11 MR. SACHS: Okay.

12 THE WITNESS: So in other words, number
13 of patient days would be between 20, 25.

14 MR. SACHS: What happens after the
15 scholarship -- the program I know runs longer than
16 20 days in some circumstances.

17 THE WITNESS: Uh-huh.

18 MR. SACHS: Twenty-one days?

19 THE WITNESS: Yes. So then what we're
20 doing is we are trying to arrange for them if they
21 have housing needs to attempt to get them into sober
22 housing, to utilize community supports for that,
23 contacts that we have within the sober living
24 community.

25 MR. SACHS: So you're having them

1 removed from the site is what you're saying.

2 THE WITNESS: Uh-huh.

3 MR. SACHS: Okay. All right.

4 Q. Okay. Now -- I'm sorry?

5 MR. ESPOSITO: You're a private company

6 so I'm not going to ask you your cost per patient.

7 It's your business. So scholarship in the

8 traditional sense is you have an endowment and you

9 take from that endowment, but it doesn't really cost

10 you much to have a patient. If you have 130

11 patients and five are on scholarship, doesn't really

12 cost you anything, or do you build charitable -- I

13 don't even know if it's charitable organizations out

14 there that fund those scholarship. So it's just you

15 saying, you know what, here's a bed, we're not going

16 to bill for that bed so that's kind of your

17 scholarship. It's kind of just a charity that

18 you're providing.

19 THE WITNESS: The cost associated with

20 scholarshiping a client include feeding that

21 client, includes medication if they require

22 medication because there's no insurance to help pay

23 for that medication, staff, staffing obviously, but

24 also, I run in Mays Landing at or near capacity so

25 if someone is in that scholarship bed, then it could

1 mean that someone else isn't. So there is a cost
2 involved.

3 MR. ESPOSITO: Okay.

4 THE WITNESS: Yes, and is someone else
5 underwriting that, no.

6 MR. ESPOSITO: So if I may ask, if it
7 were my company, I don't know if I would be so
8 charitable. Maybe I would, maybe I wouldn't. Why
9 are you?

10 THE WITNESS: Because people are dying,
11 and I don't mean to sound overly dramatic, but
12 that's the case. It is my personal approach to any
13 scholarship request that I receive as CEO of Mays
14 Landing Lighthouse that I never say no. Now, I
15 don't have final decision making authority, but my
16 practice is I never say no, and I always make that
17 request then to our corporate office. That's my
18 protocol I have to follow.

19 MR. ESPOSITO: Thank you.

20 MR. HENRY: For clarification. You had
21 indicated that it cost about \$2,500 for these
22 25 days for the scholarship fund.

23 THE WITNESS: Uh-huh.

24 MR. HENRY: The doctor before said costs
25 about \$500 a day so I was wondering how you came up

1 with that number.

2 FROM THE FLOOR: You're wrong. You made
3 a big mistake.

4 THE WITNESS: Can you repeat that.
5 Sorry.

6 MR. HENRY: The doctor said it cost \$500
7 a day for a --

8 THE WITNESS: I think she was using the
9 example of a reimbursement that we would receive
10 from an insurance company.

11 MR. HENRY: So I was just wondering how
12 you came up with \$2,500.

13 Q. I think there was an error. My
14 understanding -- let me ask this question. Do you
15 want to sort of correct your testimony on the
16 \$2,500? You want to elaborate on that just so we're
17 clear. Maybe you --

18 A. So I'm not clear of the question,
19 though.

20 Q. Well, first let's find out what the --
21 we can have Dr. Carise come up and address that
22 question.

23 MR. HIMELMAN: Deni, why don't you come
24 up. I think it was a math error.

25 DR. CARISE: I actually think it's a

1 math error. What does it cost per day to treat a
2 patient about? What do we get from insurance to a
3 patient?

4 THE WITNESS: Well, it costs -- we
5 receive from insurance and it averages about \$725 a
6 day.

7 DR. CARISE: So what's what we receive
8 in insurance as our average between detox and
9 residential.

10 THE WITNESS: Right, right.

11 DR. CARISE: And you would multiply that
12 times 25 days.

13 MR. HIMELMAN: That's correct.

14 DR. CARISE: You're way off.

15 MR. HIMELMAN: He's not a math major.
16 Does that clarify that?

17 MR. HENRY: Yes, it does.

18 MR. HIMELMAN: Thank you. I thought the
19 same thing actually. I was going to follow up on
20 that. Any other questions on the scholarship
21 program? Okay.

22 Q. David, if you would address the other
23 issue regarding the staffing, how that works at your
24 facility and would it work similar to Sayreville,
25 and if you could describe who's on site, you know,

1 24/7 and what the shifts are and personnel, et
2 cetera?

3 A. I'd like to give an example of right
4 now. It is about 10 minutes of 9 on Wednesday
5 evening so this is our second shift. Currently, I
6 have 45 clients in my Mays Landing site, and for
7 those 45 clients, I have five nursing -- nurses on,
8 and I have six what we refer to as recovery support
9 specialists. I have two admissions staff members.
10 I have one what we call grounds monitor, which is
11 checking the grounds and that type of thing for
12 security reasons. And I have a receptionist and a
13 housekeeper. So that's how many staff members I
14 have on right now.

15 During our first shift, obviously, those
16 numbers are higher for those same 45 clients.

17 Q. What are the shift hours?

18 A. Its depends on the department. As an
19 example, the nursing shift is a 12-hour shift, 7A to
20 7:30P or 7P to 7:30A. So they're working 12-hour
21 shifts. When it comes to the recovery support
22 specialist staff, that is 7 to 3, 3 to 11 p.m.,
23 11 p.m. to 7 a.m.

24 Q. And the recovery specialist encompasses
25 what?

1 A. They are -- essentially you might think
2 of them as techs. They're there to work with the
3 client, to make sure the clients are where they're
4 supposed to be. They run groups, they do lectures,
5 that type of thing.

6 Q. Okay, so we have the registered nurses?

7 A. Uh-huh.

8 Q. And we have the recovery systems --

9 A. I want to be clear on that just for
10 clarity sake. We always have -- Dr. Carise
11 mentioned there's one RN that is physically in the
12 building 24/7. We also have a minimum of four other
13 nurses. Some of those other nurses might be RN's,
14 might be LPN's.

15 Q. Fair point. Other staff.

16 A. So recovery sports specialist. We have
17 nurses -- and this is right now. We also have two
18 admissions counselors on. We have some as I
19 mentioned called a grounds monitor that is checking
20 the grounds and doing the security piece of it. We
21 have a receptionist, and we have a housekeeper.

22 Q. Any medical physicians there 24/7 --

23 A. No.

24 Q. -- or are they doing rounds, or how does
25 that work?

1 A. We have a medical staff on about --
2 physically in the building an average of about
3 10 hours a day, and when they are not physically in
4 the building, they are on call. So there's always
5 medical personnel that are at a minimum available on
6 call.

7 Q. But they are there during the working
8 day, as well?

9 A. Uh-huh.

10 Q. Any other staff that you didn't cover?

11 A. For this point in time, no. For a
12 second shift, no.

13 Q. And is it your understanding that there
14 would be a similar staff arrangement and shifts for
15 the Sayreville facility?

16 A. Well, yes, taking into consideration
17 that I have currently 45 clients or a total bed
18 capacity of 53.

19 Q. I understand?

20 A. Sayreville will be more than twice as
21 large.

22 Q. But on a proportional basis.

23 A. On a proportional basis.

24 Q. But the staffing shifts will virtually
25 be the same, correct?

1 A. Uh-huh.

2 MR. SACHS: Well, Sayreville will be
3 three times larger.

4 THE WITNESS: Uh-huh.

5 MR. SACHS: I preface this as a former
6 prosecutor, okay. Nothing ever -- nothing good ever
7 happens at 2 a.m., okay. We know that. Nothing
8 good ever happens at 2 in the morning. Tell me in
9 your Mays Landing staff, in your Mays Landing
10 facility, who's there at 2 a.m. in the morning.

11 THE WITNESS: Two o'clock in about 4 or
12 5 hours?

13 MR. SACHS: Two a.m.

14 THE WITNESS: We will have five nurses
15 on.

16 MR. SACHS: So you'll still have five.

17 THE WITNESS: We'll still have the five
18 nurses.

19 Q. Yeah. Is one an RN?

20 A. And one is an RN out of those five, a
21 minimum of one. There could be two RN's on at
22 night.

23 MR. KUCZYNSKI: Is that because it's
24 12-hour shifts?

25 THE WITNESS: It's 12-hour shifts, okay.

1 We will have two RSS staff on, and at that time we
2 will have our grounds monitor on, as well.

3 MR. SACHS: So you won't have the --

4 THE WITNESS: We won't have a
5 receptionist.

6 MR. SACHS: You lose a receptionist and
7 you lose some administrative staff. All right. And
8 you lose some of your recovery staff.

9 THE WITNESS: Right.

10 MR. SACHS: Okay. All right. But you
11 do have the five RN's, the five --

12 THE WITNESS: Five nurses.

13 MR. SACHS: Okay. All right.

14 MR. ESPOSITO: How many beds do you
15 have? How many can you fill?

16 THE WITNESS: Fifty-three.

17 MR. ESPOSITO: Fifty-three, okay. So if
18 you had full capacity in Sayreville, you're not
19 going to triple the staff. That would be
20 outrageous. But what would it be, double, one and a
21 half? More nurses. You don't need more
22 receptionists obviously, but more nurses?

23 THE WITNESS: I don't -- I couldn't give
24 you an exact number. No, it would not triple, but
25 perhaps twice as many or at least one and a half

1 times as many, and that's an estimate.

2 MR. ESPOSITO: Okay. Of course.

3 MR. HENRY: Could you explain what your
4 ground monitor does, his job.

5 THE WITNESS: Grounds monitor position
6 is there to inspect the clients when they come in,
7 any packages, luggage, that type of thing when
8 someone is being admitted. They're also constantly
9 checking the grounds, both outside as well as inside
10 the building. They are checking video cameras, that
11 type of thing. It's basically a security position.

12 MR. HENRY: Okay. Thank you.

13 THE WITNESS: And we have grounds
14 monitors seven days a week.

15 MR. EMMA: Are they licensed to carry?
16 Are they licensed to carry a weapon?

17 THE WITNESS: No.

18 MR. ESPOSITO: How many would be in
19 Sayreville? I mean, one security guard for 135
20 people seems a little -- seems minimal. I don't
21 know your business.

22 THE WITNESS: No, that's one for 53.

23 MR. ESPOSITO: So you think you would
24 double --

25 THE WITNESS: It would at least double.

1 MR. SACHS: I don't want to speculate as
2 to what it's going to be. I'd like to know what
3 it's going to be.

4 DR. CARISE: I can get it. I can get
5 it.

6 MR. SACHS: If you can provide that
7 information, that's fine.

8 MR. HIMELMAN: We can do that tonight.
9 That's very good.

10 MR. SACHS: I don't want it to be, well,
11 maybe.

12 MR. HIMELMAN: Fair point. Fair point.

13 MR. SACHS: Okay. Fine.

14 MR. HIMELMAN: Mr. Chair, any other --

15 MS. CATALLO: I have another question.
16 I'm reading here that you're looking to put a patio
17 behind the building. I don't think this is for you.
18 Whoever it is for. You're looking to build a patio
19 back there for the patients. What kind of security
20 measures are you going to take back there when they
21 spend time back there?

22 MR. HIMELMAN: We can have one of our
23 RCA representatives address that question. Why
24 don't you just state your name.

25 MR. SACHS: First of all, please raise

1 your right hand.

2

3 M I C H A E L D E S R O S I E R S, sworn.

4 DIRECT EXAMINATION BY MR. HIMELMAN:

5 MR. SACHS: Please state your name,
6 spelling your last name, and profession.

7 A. Michael Desrosiers, D-e-s-r-o-s-i-e-r-s.
8 I'm the director of operations at Lighthouse, but I
9 also serve in a lot of different facilities,
10 capacities, and all of our sites across the board.

11 Q. And where is Lighthouse?

12 A. Lighthouse is, in Mays Landing New
13 Jersey.

14 Q. Thank you.

15 A. So when we have space such as like a
16 patio or we have, you know, some outdoor type of
17 events, like Dr. Carise already spoke about they're
18 all attended with RSS staff, so on and so forth, and
19 it's proportional to how many staff is out there to
20 -- how many patients are out there versus how much
21 staff is out there. So I haven't looked at the
22 plans yet for the patio, but again, that will be
23 first monitored -- you guys asked about the grounds
24 monitor, and I would like to expand upon that. This
25 is a person with a background. We use somebody in

1 the military or we use somebody who has a lot of
2 treatment experience or law enforcement, and that's
3 kind of where we're really targeting, people who
4 worked in the treatment space who really understand
5 what we're looking for, not just the average person
6 to say, hey, we're a security guard and we stood at
7 a bank and so on and so forth. It's more people
8 with treatment type of experience that understand
9 what we do and things that we would be looking for
10 at all times.

11 We talked about when they do go out
12 there and they do come in, what would they be
13 looking for or how do we know that they're not
14 coming back with stuff. These people are trained
15 for that specifically, understanding that a soda can
16 in the yard could mean something to really turning
17 over every single stone to make sure that's going
18 on. So when we talk about an outside space like a
19 patio or a garden or a hike or a walk, these people
20 once, like I said, the ratios are strictly followed,
21 so so many patients per staff, and then that grounds
22 monitor also will be out there patrolling that area
23 and making sure it's safe.

24 MS. CATALLO: My question is is it going
25 to be fenced in. You know, if you have one security

1 guard out there with let's say 20 people, 25 people,
2 is it possible that somebody could just walk off?

3 THE WITNESS: So again, no, because it's
4 not just that one security guard. That security
5 guard is the preventative measure before the
6 patients even get outside, looking, making sure
7 there's nothing outside and so on and so forth, but
8 the recovery support specialist will be with those
9 patients outside, with them at all times.

10 MS. CATALLO: So the area does not get
11 fenced in.

12 THE WITNESS: I can't speak -- like I
13 said, I haven't seen the plans to say.

14 MR. HIMELMAN: My understanding is the
15 outdoor patio as presented on the revised site plan
16 does have a fence around the perimeter.

17 MS. CATALLO: There will be a fence.

18 MR. SACHS: My recollection is there was
19 some discussion at the last meeting about fencing,
20 and I see on the revised plans there is fencing.

21 MR. HIMELMAN: Mr. Sachs, that's
22 correct, and I think the chairman had asked --

23 MR. SACHS: It's a good idea.

24 MR. HIMELMAN: Yeah. My understanding
25 is the chairman had asked that we take a look at

1 that, and we did submit revised plans showing fence
2 around the perimeter.

3 MS. CATALLO: Okay. That's good.

4 MR. HIMELMAN: Does that address your
5 question?

6 MS. CATALLO: Yeah.

7 MR. HIMELMAN: Mr. Chairman, did you
8 have any other questions? Or anyone else? I'm
9 sorry.

10 MR. EMMA: You're talking about the
11 ratio between patient and staff; what is that ratio?

12 THE WITNESS: You know, I think it
13 varies from state to state. What's our ratio -- I'm
14 sorry.

15 MR. HIMELMAN: In you don't know the
16 answer, I'll have David answer.

17 MR. SACHS: You're going to get me the
18 staffing information, right?

19 MR. HIMELMAN: We're going to come --
20 when you say the staffing information, you mean the
21 number per shift and all that? I think David just
22 testified to that.

23 MR. SACHS: No, no. You're going to get
24 me something for this site. I don't care about Mays
25 Landing. I want to --

1 DR. CARISE: What I will get you is the
2 staffing per shift and the people we're hiring for
3 this site.

4 MR. SACHS: That's what I want to know.

5 DR. CARISE: The ratio there is 1.4, 1.4
6 staff to each patient.

7 MR. SACHS: Okay. Fine.

8 MR. HIMELMAN: Fine. Okay. Any other
9 questions? Okay. And, Mr. Sachs, that would
10 include the grounds monitor. We will also provide
11 that information to you, but my understanding is
12 there will be two for the site.

13 Mr. Chairman, I don't think we have any
14 further questions of these witnesses. I would like
15 to proceed, but, Mr. Sachs, you might have a
16 question.

17 MR. SACHS: I don't have any questions.
18 Are you okay?

19 MR. HIMELMAN: We'll take a break.

20 MR. SACHS: Take a 5-minute break, Mr.
21 Chairman?

22 THE CHAIRMAN: Five-minute break.

23 (Board recess)

24 MR. HIMELMAN: Mr. Chairman, thank you
25 very much. We have one additional witness this

1 evening, Christine Cofone, who is our additional
2 planner on this application. We have to have her
3 sworn in and qualified.

4 MR. SACHS: Miss Cofone, please raise
5 your right hand.

6

7 C H R I S T I N E C O F O N E, sworn.

8 DIRECT EXAMINATION BY MR. HIMELMAN:

9 MR. SACHS: Please state your name,
10 spelling your last name, professional affiliation
11 for the record.

12 THE WITNESS: Christine Ann Nazzaro,
13 N-a-z-z-a-r-o, Cofone, C-o-f-o-n-e. Business
14 address is 125 Half Mile Road, Suite 200, Red Bank,
15 New Jersey, and I'm the principal and the owner of
16 the Cofone Consulting Group.

17 Q. Miss Cofone, can you just give a brief
18 background of your CV and educational experience --
19 educational background and experience. I know
20 you've testified before numerous planning and zoning
21 board, but for the record.

22 A. I have, yes. I've been practicing for
23 about 22 years. I've testified here in Sayreville
24 and before about 380, 385 other planning and zoning
25 boards throughout the State of New Jersey. So

Cofone - direct

86

1 clearly the balance of my practice or the lion's
2 share of my practice is really offering testimony
3 before planning and zoning boards. I'm an
4 affordable housing special master working for about
5 eight different judges and about 25 different
6 municipalities. I'm a planning and zoning
7 instructor for the Rutgers Center For Government
8 Services. I'm a professor adjunct at Monmouth
9 University. I'm teaching a special real estate
10 course this spring, and in addition to my private
11 work and teaching, I am also a public consultant for
12 the Casino Redevelopment Authority and a number of
13 municipalities throughout the state.

14 THE CHAIRMAN: Okay. I want to make a
15 motion that we accept her credentials. Proceed.

16 MR. HIMELMAN: Mr. Chairman, thank you.

17 Q. Miss Cofone, you've had an opportunity
18 to review this application in some detail, correct?

19 A. I have.

20 Q. Okay, and you were here at the last
21 hearing when Mr. Higgins was testifying on the
22 planning and zoning related issues; is that my
23 understanding?

24 A. Yes, I was.

25 Q. Okay. Now -- and you've reviewed this

1 matter, and could you just briefly discuss why you
2 believe this particular application is inherently
3 beneficial and discuss your other planning opinions.

4 A. Sure. The concept of inherently
5 beneficial uses is to deal with those uses, it's a
6 judicially created term, meaning it's not something
7 that's defined in your land use ordinance. It's not
8 a permitted use. Inherently beneficial uses are
9 those uses that are created --

10 FROM THE FLOOR: Excuse me, her mic
11 isn't working.

12 THE WITNESS: Is that better? Okay. So
13 what I was saying was what's an inherently
14 beneficial use, and I know Mr. Higgins testified
15 last month. Mr. Leoncavallo also spoke last month,
16 and they both were in agreement that the proposed
17 use is an inherently beneficial use, and under the
18 law, they're judicially created to deal with those
19 uses to deal with a relatively narrow range of
20 enterprises so universally considered to be a
21 community value that municipalities should be
22 favorably disposed towards their inclusion, and
23 they're generally institutional in nature.

24 Right now, in the current climate that
25 we live in, as a land use professional who testified

1 on hundreds of applications, inherently beneficial
2 and otherwise, I can't think of a more inherently
3 beneficial use in this kind of climate than the
4 proposed recovery center that's being proposed here
5 this evening.

6 Further, there have been decisions in
7 New Jersey that have rendered these type of
8 facilities as inherently beneficial. Judge
9 Jacobson, who is the assignment judge in Mercer
10 County, overturned a decision in Lawrence Township,
11 where a detox center was denied by the zoning board
12 of adjustment, and then that was subsequently
13 overturned by Judge Jacobson, and in her decision,
14 she found that that recovery -- that detox center
15 was, in fact, an inherently beneficial use.

16 I found the testimony and the
17 information that Dr. Carise provided to this board
18 to be staggering as to the benefits and the need for
19 these type of facilities in the state. The Federal
20 Fair Housing Act -- this is a protected class. The
21 persons who are going to be occupying this facility
22 are -- have a disability. The Federal Fair Housing
23 Act considers discrimination a refusal to make
24 reasonable accommodations for persons with
25 disabilities. In Sayreville, there is no zone where

1 we can go and see and say, well, we might not be
2 permitted here in the prime zone, but elsewhere we
3 would be permitted. Based on my review of your
4 zoning ordinance, there is no alternative for us to
5 go to another site and be treated as a permitted
6 use.

7 So in the instance you have a situation
8 where we are asking you for the permission to use
9 the facility here. I did not attend the
10 interpretation hearing on this phase or that phase
11 of the applications or the progressing of this
12 application, but in so doing, I did have an
13 opportunity to look at the definition of long-term
14 care facility, and whether we're an inherently
15 beneficial use or not, certainly that makes sure
16 that we presumptively satisfy the positive criteria.
17 We don't have to satisfy particular suitability
18 because we're an inherently beneficial use, but we
19 still have to talk to you a little bit about the
20 negative criteria. The negative criteria does not
21 ask you as a board to hold this or any other
22 applicant that there be no detriment at all, just
23 that the benefits of the grant of the deviation
24 outweigh any detriment.

25 So when you look at the long-term care

1 facility definition, and I understand the zoning
2 board has already determined we're not a long-term
3 care facility, we're here asking for the relief, but
4 the impacts of that are very similar. So when you
5 talk about an impairment of Sayreville's zone plan,
6 you allow for facilities that provide a full range
7 of 24-hour direct medical nursing and other health
8 services, registered nurses, licensed practical
9 nurses, and nurses aides provide service prescribed
10 by a resident physician. It is for those older
11 adults who need health supervision but not
12 hospitalization. The emphasis is on nursing care,
13 but restorative physical, occupational, speech, and
14 respiratory therapies are also provided. This level
15 of care may also include specialized nursing
16 services, such as intravenous feeding or medication,
17 tube feeding, injected medication, daily wound care,
18 rehab services, and monitoring of unstable
19 conditions.

20 While that is exactly not what we do at
21 RCA, it sounds a lot like it based on the testimony
22 that you have. So from a planning and land use
23 impact point of view, I don't see the substantial
24 detriment to your zone plan. I've been to the site.
25 I've looked at the facility. So when you're looking

1 at the negative criteria, of course, you want to
2 minimize or mitigate any conditions with the
3 imposition of reasonable conditions. I heard a lot
4 of things at the prior hearing and at this hearing
5 that I think that this board can do and impose as
6 reasonable conditions to mitigate any negative or
7 perceived negative conditions. I think clearly the
8 overture that we would be willing to not act as an
9 alternative to incarceration or the criminal justice
10 system. So we are not here to house people who are
11 using this as an alternative to escape prison.

12 One of the truest things that I think
13 Dr. Carise said is we're not hearing housing bad
14 people trying to get good. We're here housing sick
15 people trying to get well. So when you think about
16 the negative criteria, I think that that's certainly
17 one thing that we can do. There are a number of
18 other conditions, you know, making sure that a
19 person is not discharged into the community or
20 certainly things that we can do to minimize any
21 negative impacts. So I think, clearly, I think we
22 meet our statutory burden of proof.

23 The other thing that I'll speak to you
24 is more from a personal level. I know there's been
25 a lot of questions tonight about, you know, who is

1 going to be in this facility, who comes to RCA, what
2 type of people attend these facilities. Well, i can
3 tell you right now it's people like me, certainly
4 not in families like mine. I'm certainly not in
5 recovery. I wouldn't want to represent that to the
6 board, but we did bury my daughter's father three
7 Octobers ago. October 2 of 2017, we lost my
8 daughter's father to the battles of opioid
9 addiction. So this is a disease that does not
10 discriminate against financial. It does not
11 discriminate on color. It is a sickness. The
12 people who are coming here are sick, and they're
13 trying to get well, and they need help. Just like
14 you wouldn't have a cancer facility turned down or
15 if somebody died in a cancer facility you wouldn't
16 look at them as not doing the job properly. The
17 work that's being done in recovery is an epidemic.
18 You cannot -- the statistics that Dr. Carise
19 provided were great. You almost can't scroll onto
20 the AsburyParkPress.com without reading about
21 somebody who is lost to addiction. When my ex
22 husband and my daughter's father was lost a few
23 years ago, I called the Ocean County Prosecutors
24 Office and offered to come and speak to their groups
25 because, like I said, you wouldn't expect upper

1 middle income Rumson residents who are well
2 educated, who belong to beach clubs and country
3 clubs, that's who you may have at your facilities.

4 So I beg the board, please accept this
5 application. Impose reasonable conditions on it.

6 It's your legal right to do it, but I think that
7 this application has certainly met its statutory
8 burden of proof for the grant of the use variance.

9 It is categorically an inherently beneficial use.

10 That's not just my opinion. It's certainly the
11 opinion of the assignment judge in Mercer County. I
12 think the board can impose reasonable conditions to
13 ensure that the use is granted with no substantial
14 detriment to the public, and I really would
15 encourage the board to allow for this facility to
16 operate at this location, and I do think that we've
17 met our burden of proof.

18 Q. Thank you, Miss Cofone. Would you like
19 to add anything else, or do you think you've covered
20 everything?

21 A. I think I've covered everything, and
22 Mr. Higgins, of course, testified at length last
23 month on the positive -- Mr. Higgins testified of
24 course last month at length on the positive and
25 negative criteria. Mr. Leoncavallo indicated that

Cofone - direct

94

1 it was his opinion, as well, that it was an
2 inherently beneficial use. So I think you have
3 three planners with lots of experience who are all
4 in agreement that it's an inherently beneficial use.

5 Q. Thank you, Miss Cofone.

6 MR. HIMELMAN: Mr. Chairman, I don't
7 have any direct questions of this witness. I don't
8 know if you or the professionals or any members of
9 the board.

10 THE CHAIRMAN: Questions? No.

11 MR. HIMELMAN: Thank you.

12 THE WITNESS: Thank you.

13 MR. HIMELMAN: Mr. Chairman, we don't
14 have any further witnesses on direct presentation.
15 Obviously, everyone is here to answer questions that
16 the board may have or the public as we proceed. I
17 turn it back to you, Mr. Chairman.

18 THE CHAIRMAN: Thank you.

19 MR. HENRY: If I could, one quick
20 question. I see these posters around here. Was
21 someone going to explain what they were? I didn't
22 look at them myself. The red dots, you know, the
23 bar scale over there. I just --

24 MR. HIMELMAN: We certainly can have
25 someone explain them. They were here at the last

1 meeting. Obviously, one is of the site plan, and
2 there are other depictions of the facilities. We
3 can have somebody walk you through those exhibits if
4 you would want to.

5 MR. SACHS: Well, actually, I think the
6 only one that's marked probably is the site plan.

7 MR. HIMELMAN: That's correct.

8 MR. SACHS: So the other ones are just
9 unmarked exhibits --

10 MR. HIMELMAN: Right.

11 MR. SACHS: -- and informational.

12 MR. HIMELMAN: It's informational and
13 more for the public's benefit.

14 MR. SACHS: They're really not for the
15 board's benefit. They're not evidentiary. They're
16 not for your consideration this evening.

17 MR. HENRY: Okay. Thank you.

18 THE CHAIRMAN: Okay. I'm going to open
19 up the meeting to the public. Anyone from the
20 public wish to speak on this application? Sir, come
21 on up. It is also noted for the public or anyone,
22 you want to look at these exhibits, feel free to do
23 so at any time. Yes, sir.

24 MR. SACHS: Sir, please raise your right
25 hand and I'll swear you in.

1 D E N N I S O ' L E A R Y, sworn.

2 MR. SACHS: Please state your name,
3 spelling your last name, your address for the
4 record.

5 MR. O'LEARY: My name is Dennis O'Leary.
6 My last name is spelled O-'-L-e-a-r-y.

7 MR. SACHS: And your address, sir.

8 MR. O'LEARY: Seven eleven Sunshine
9 Court, Parlin, New Jersey.

10 MR. SACHS: Thank you.

11 MR. O'LEARY: And that's the Harbour
12 Club. Thank you guys for giving me the opportunity
13 to speak here. It's been a couple of meetings now
14 waiting patiently to have a conversation with this
15 board.

16 FROM THE FLOOR: The mic isn't working.

17 MR. O'LEARY: It's not working. I speak
18 loud so I didn't want to blow anybody's ears out.

19 I've heard a lot of conversation over
20 these last two meetings about beneficial use, fair
21 housing, Americans With Disabilities Act, as if
22 what's being supplanted is not a beneficial use.
23 Ratios. How many nursing homes are in the town of
24 Sayreville at this time? Can anybody answer that
25 question? Can anybody tell me from the zoning

1 board? We have one. Everybody in Sayreville, the
2 ratio is one nursing home. That's a beneficial use
3 with no down side, but somehow over the last course
4 of all these testimonies, that's just been pushed
5 aside as if the community should just absorb that
6 and the zoning board should just bow to the fact
7 that we should supplant a need in our community
8 amongst our elderly, amongst our individuals that
9 need geriatric care, as if somehow in the equation
10 of things that are necessary and beneficial to this
11 town are just somehow put aside for whatever
12 pressing need or whatever monetary incentive happens
13 to be the du jour.

14 There is a beneficial use. In 1967,
15 there was an election that was held in this town by
16 the individuals on this wall, Miss Peggy Kerr. I
17 don't know if you guys are familiar with who she is.
18 My grandmother came alongside of her during that
19 election, and one of the things I learned in
20 Sayreville from my grandmother was that when it's
21 time to speak up in Sayreville for what's good for
22 Sayreville, you get up and you go and you serve and
23 you speak. So I want to thank the board for coming
24 here and enduring meetings like I've just witnessed
25 for the last two times and all this testimony.

1 Discrimination, I heard some of that conversations
2 being leveled at the board. It's discriminatory to
3 just cast off our elderly in this town for the sake
4 of whatever we see as the new thing that we should
5 be doing.

6 You know, there's been testimony about
7 who's going to keep an eye on these people. They
8 can leave whenever they want. Nobody can stop them.
9 Two o'clock in the morning, they walk down the hill
10 from that facility, they end up on Ernston Road.
11 It's uphill that way. It's uphill that way. But
12 the Harbour Club is straight across from there.
13 Where are they going to go 2 o'clock in the morning?
14 There's been testimony there's no phones. They have
15 nothing. They need money to find something, some
16 kind of means to move on. Nobody can stop them.
17 There's no guards there. They can come and go as
18 they please. For a very large facility that RCA
19 hasn't had the experience of running.

20 My mother was supposed to be here
21 tonight. My mother worked 30 years in the nursing
22 home business. I learned a lot from her. I learned
23 a lot from my grandmother about how politics work,
24 about how the zoning board works. I'm not going to
25 stand here and allow anybody to say that geriatric

1 care in the only nursing home in this community just
2 needs to be set aside, somehow it's a nonbeneficial
3 use. It's an absolute beneficial use.

4 You know, I returned from the military
5 service after 10 years. I group up in Sayreville.
6 I was born in '67. I was born in that year that
7 they ran on this board and this town and this
8 mayorship, and I came back to a community where my
9 grandmother went into Kennedy Park, the 55 and older
10 community there, and it was a wonderful thing that
11 she ended up there, but the potential was that she
12 could have gotten old enough that she might have
13 needed some nursing home care, and we had the
14 nursing home on Ernston Road. I got out and I
15 bought into the Harbour Club because my parents
16 lived there, and I bought across the street -- I
17 brought the grandkids home and we had community
18 there. My grandmother passed away. My parents
19 moved to Spinnaker Pointe, a new 55 and older
20 community adjacent to Harbour Club, adjacent to the
21 nursing home on the hill. But now that's not a
22 beneficial use now. Now it's a different kind of
23 use. We got a new use with down size right across
24 from a residential area where there's really nowhere
25 for the people who live in that community to go.

1 People with -- in different stages of their life
2 getting ready to move in possible nursing home care
3 close to their friends and family. Just telegraphed
4 to you that we've stayed very close in Sayreville
5 all these years.

6 So I think it's a bit humorous and
7 frankly offensive that somehow we have to make room
8 for whatever is new. It has a detriment to it. So
9 that's really what I wanted to come out here and say
10 and impress upon this board that my grandmother said
11 get up and do what's right, speak up when it's
12 right, do what's right for Sayreville, and I'm
13 counting on this board to reject this proposal.
14 Eleventh hour bait and switch. A nursing home that
15 we've been counting on to become some kind of new
16 unknown, not sure how much staff, not sure how many
17 parking spots we need, not sure if we're going to
18 put a fence up behind the perimeter, not sure if
19 you're going to get to the Parkway or our kids'
20 school right down the street, not really sure, but
21 we're pretty sure it's going to be okay. I reject
22 that. I'm not here to grandstand. Just saying my
23 piece. That's really all I have to say. Thank you
24 very much.

25 MR. ESPOSITO: Thank you for your

1 service, too, by the way.

2 MR. SACHS: Miss Lee, please raise your
3 right hand.

4

5 D E B O R A H L E E, sworn.

6 MR. SACHS: Please state your name,
7 spelling your last name, and address for the record.

8 MS. LEE: Certainly. Deborah Lee; L-e-e
9 is the last name. I live at 72 Prusakowski
10 Boulevard in Parlin. That is at the Spinnaker Point
11 community that Dennis just referenced. I wanted to
12 comment on this because for us it's the same
13 concerns. We are an active adult community. We're
14 here around maybe 13, 14 years. We're not so
15 active. We're not so young any longer. The idea of
16 having a nursing home in town accessible to all of
17 our homes was very important to us because as we
18 age, and we've seen our residents already use the
19 nursing facility, have a convenience so that we can
20 go back and forth, visit our loved ones there.
21 Additionally, between the Harbour Club and Spinnaker
22 Pointe, there's another community being constructed,
23 another adult community. I can see them having the
24 same concerns and needs as we do for having a
25 nursing home there. To have no nursing homes in

1 town puts all of us at risk having to run back and
2 forth or not having convenient location for our
3 families as they age. So that's concern number 1.

4 The other thing that really disturbed me
5 is the outpatient aspect of this. I understand that
6 they're supposed to be escorted in and out by
7 vehicle, but how do you manage that, how do you
8 monitor it. So we could have potentially -- there's
9 a bus stop right there, right next to the home
10 that's being built. We could have people coming and
11 going not being monitored, not being in vehicles.
12 No one's really going to know. You can say you're
13 going to do that, but you can't police that day and
14 night. There's a school within walking distance.
15 There's the Harbour Club there.

16 I have no problem with supporting these
17 facilities. It is a beneficial use. I don't
18 disagree with that, but not in a residential
19 community next to a school. There's land in
20 Sayreville. This just happens to be convenient for
21 this concern because they can move right in to an
22 existing facility. They can go build one. Go build
23 one that isn't in a residential neighborhood and
24 I'll support you completely in Sayreville.
25

1 R O B E R T R A S A, sworn.

2 MR. SACHS: All right. Please state
3 your name, spelling your last name, address for the
4 record.

5 MR. RASA: My name is Robert Rasa,
6 R-a-s-a, 49 Scheid Drive, Parlin, New Jersey.

7 No one here is really denying the need
8 for these type of treatment centers. My concerns,
9 as stated from the last meeting when Dr. Carise had
10 spoke was really about the outpatient situation.
11 Just for the record, I wanted you to know that I'm
12 going into my 36th year now working in the
13 perioperative area as a clinical consultant with
14 medical devices specializing in anesthesia, airway
15 management. I'm in most of the hospitals in New
16 Jersey on a daily basis in operating rooms. I see a
17 lot. I'm legally bound by HIPAA laws not to profess
18 or speak about anything going on, but staffing
19 situation is definitely a concern in the evenings.
20 We're talking about different types of patients,
21 different types of clinical outcomes as opposed to
22 patients who have cancer, patients -- versus
23 patients who have addiction issues. The
24 staff-to-patient ratio in the evenings, if I heard
25 correctly, sounded like somewhere around 15 to maybe

1 benefit of the doubt 20 people per 134 beds; 250
2 cameras, which I heard at the November 8 meeting;
3 someone watching the grounds, inspecting all the
4 packages, taking everything from these patients,
5 potential patients as they're coming in. But
6 there's an overdose in-house, an in-house overdose.
7 How do we account for that? How did they get the
8 drugs? Someone on the board mentioned that maybe it
9 was an inside job, quote, or maybe someone just bent
10 down and tied their shoe outside. These are
11 concerns that we have as residents in the area about
12 what -- how do we handle these situations in the off
13 hours. What happens? Nothing good happens at 2 in
14 the morning. You're absolutely correct. And when
15 you -- and I've seen this with my own eyes, all
16 right. I've seen doctors, nurses, janitors, be
17 walked out in handcuffs during the evening because
18 of drugs, because of taking drugs in their pockets.
19 So anything could happen, and we're dealing with 330
20 million variables in this country at minimum.
21 They're called people. Everybody is different.
22 Everybody has different needs. Everybody has
23 different clinical issues. No two people are the
24 same.

25 I think what we're trying to do here as

1 residents is to try to ensure the safety of our own
2 community in those types of situations. I don't
3 think anybody is denying the need for treatment
4 center, for an inpatient treatment center. This
5 looks like a hotel. I mean, what can I say wrong
6 about the construction or how it's built, but again,
7 the gentleman in the back made a very good point.
8 We are a generation now where we're starting to get
9 older, where there's a need for us to be taken care
10 of, and as residents of the town, we would like to
11 see the opportunity of having more of that here, of
12 -- but as he had stated so eloquently, this is the
13 new thing. We hear it on commercials from the
14 governor. We understand these issues. We do know
15 these issues. I see these issues on day-to-day
16 basis.

17 What I'm mostly concerned about is the
18 protection of the children that are in Eisenhower,
19 of the residents, of the goings on of the police
20 lights flashing in the middle of the night. These
21 are concerns that we have to take into
22 consideration.

23 It was my understanding that the home
24 was rebuilt for the purposes of a nursing -- a
25 skilled nursing facility. That was the original --

1 and I've been here 30 years, and I saw it before,
2 and I seen it be built, and this is exactly what our
3 intentions were, that this was going to be a nursing
4 home. That's great. A beautiful place. The
5 variance abuse just came into play. How did that
6 happen? A lease is already prepared, a 55-year
7 lease, I believe 15 years with four or five 10-year
8 options. I'm also a landlord for commercial and
9 residential property in New York so I know that
10 these things are prepared and with the expectation
11 that this is sort of like a done deal. If that's
12 the way it is, I think we're all doing ourselves a
13 big injustice.

14 I think we need to really look a little
15 bit further into the ramifications of what this will
16 be 5 years from now, 5 months from now, 10 years
17 from now, how it's going to impact us as residents,
18 because for myself speaking personally, I'm going to
19 be downsizing, looking for something smaller in the
20 area, and a lot of us are. We're getting to that
21 age. There's no guarantee that I'm not going to
22 need nursing care. No one has that guarantee. It
23 would be nice to know I wouldn't have to go too far
24 away for it. You know, that's what my main concern
25 is. And I thank you very much for the opportunity.

1 P A U L L I E B E R M A N, sworn.

2 MR. SACHS: Please state your name,
3 spelling your last name, address for the record.

4 MR. LIEBERMAN: My name is Paul
5 Lieberman, L-i-e-b-e-r-m-a-n. My address is 24
6 Wlodarczyk Place, Parlin, New Jersey. I happen to
7 live behind the Harbour Club, behind the Spinnaker
8 Pointe. I am actually at Landings of Spinnaker
9 Pointe and also on the board there.

10 I have a 6-year-old daughter who's going
11 to be 7, and she doesn't go to Eisenhower, but she
12 comes here to OLV, and I sit there and I talk to so
13 many of the different parents that actually do have
14 children in Eisenhower, and they're very concerned
15 about it. A lot of them couldn't come tonight
16 because of the holidays this evening as well as them
17 being out. I'd actually like to even make a motion
18 to adjourn this meeting for this evening because I
19 think that they need to prove from Boston that they
20 -- that it's completely cleared before something
21 like this could ever be approved in this area. I
22 think that first and foremost, before anything is
23 even considered, that needs to be completely taken
24 care of and cleared and making sure because
25 everything that everybody is reading in the news and

1 everything else is saying just the opposite and
2 contrary to.

3 The CEO that was talking to you about
4 \$2,500 -- I'm sorry to come back to this, but bottom
5 line, he said it was \$2,500 a month. That five days
6 a month for charity, and if that's really the case,
7 I think corporate should come up with a number if
8 they're going to be not only issuing different types
9 of scholarships, I think that should be written in
10 stone of what that should be based on the revenue
11 that's going to come in from that facility.

12 I have no issues with Recovery of
13 America in Sayreville. I do think it's also a need.
14 I also do think we need this nursing home. But I
15 think they should choose another site. I think they
16 should choose a site that's probably a little bit
17 more in a commercial area that won't affect as many
18 residents as it is. If you take a look at the
19 statistics of these recovery centers, outpatient
20 centers, methadone clinics, even though they say
21 they're not going to be, crime has gone up in those
22 areas. California is a perfect example of that.
23 You can take a look in California, and every single
24 county that these centers are in crime has gone up
25 by over 34 percent. You can take a look at the

1 statistics yourself. I am worried that the same
2 thing is going to happen here. The gentleman this
3 evening said that somebody can walk out, that is
4 correct. One security guard in that whole facility
5 for a hundred. I worked with Health and Hospitals
6 Corporation in New York. I have worked with the
7 nursing skilled facilities at Gouverneur Hospital.
8 I have worked with Jacobi Medical Center for their
9 senior. I have worked with Mt. Sinai for so many
10 different of the senior population programs as well
11 as the different methadone clinics all throughout
12 the Bronx for Bronx Lebanon Hospital, and every
13 single one of those areas are indigent areas that
14 need this type of program. And I'm not saying that
15 Sayreville doesn't have a need. It's like I said;
16 it becomes a hotel. But the bottom line is I don't
17 think it can happen here. It just can't happen in
18 our own back yards. That's all I am saying.

19 We have a school that's right there. We
20 have a neighborhood. They're talking about grounds
21 of 24/7 groundskeepers. I'm sorry. Look at the
22 size of this facility. One person is going to walk
23 that entire facility. One person is going to sit
24 there and look at all the mail. One person is going
25 to make sure that every single part of that facility

1 is protected. I don't think so. Take a look at
2 Gouverneur Hospital. It has almost twice as many
3 beds. There's 27 security guards at that facility,
4 and that's a long-term nursing facility. So how can
5 only one do it? You tell me.

6 That's all I have.

7

8 D E N N I S O ' L E A R Y , S R, sworn.

9 MR. SACHS: Please state your name,
10 spelling your last name, address for the record.

11 MR. O'LEARY, SR.: My name is Dennis
12 O'Leary, Sr. I live in 71 Wieczorkowski in
13 Spinnaker Pointe, and I'm happy to hear some of the
14 things that were said at the last meeting. You gave
15 an example of a beneficial use, the benefits
16 outweigh the negative, and you said a nursing -- you
17 asked a question is a nursing home a good example of
18 that, and I think a nursing home is a good example
19 of that, and you heard some of the witnesses at the
20 last meeting say, well, we're sort of a nursing
21 home, we're the same thing as a nursing home, and
22 Mr. Mashanski, the zoning officer, he made a very
23 good analogy. He said it could sort of look like a
24 duck and sort of sound like a duck, but, you know,
25 it's a goose. It's not a nursing home, and it might

1 have some negative effects, this place.

2 I have here something was published in
3 the Journal of Sustainable Real Estate, 2014. It
4 says that homes in the area of a treatment center
5 that includes addiction to heroin or morphine, the
6 home values are reduced by anywhere from 15 to
7 17 percent, so that is a negative impact.

8 Really, a nursing home -- this is the
9 only nursing home in Sayreville, and when you walk
10 out the door of this place, there is 400 some units
11 in the Harbour Club. You walk behind there, there's
12 a new plan, the Regence, 96 units. In you go behind
13 there is Spinnaker Pointe with a hundred units, and
14 then the Landings are next to that. If you go right
15 under the bridge, you have La Mer, and you have the
16 school. So there's really -- if you walk out the
17 door of this nursing home, there's probably 15 --
18 talking 15, 1600 residences there. So in 10 minutes
19 walk of the driveway, there's probably 15, 1600
20 homes. There's nothing else. There's no stores.
21 There's no -- at the last meeting, we heard
22 testimony that the patients might come and go by
23 public transportation. There is no public
24 transportation coming to and from this place. There
25 is a 6 clock to 7 o'clock in the morning bus to New

1 York City. That's the only transportation. You got
2 to go several miles to go to a train or a bus. So I
3 think that is one of the negative -- there's no
4 place else to go if -- you know, it was said at the
5 earlier, it was said you could -- if I'm in there, I
6 can walk out the door. I can walk out the door and
7 there's nowhere else for me to go. Nobody can stop
8 me. It was mentioned that you can't call the
9 police. I'm not a criminal so I can come and go as
10 I please. Where am I going to go? You took my
11 phone. You took my money. What am I going to do if
12 I walk out of this place?

13 So, I mean, a nursing home is -- this is
14 the only nursing home in Sayreville, and I hope we
15 keep the nursing home. I saw the owner of the
16 facility, of the property here, and my wife is just
17 retired, retired a while back from a business office
18 of a nursing home, and the operator works for the
19 facility that this gentleman owns. He's known as a
20 very good man. So I'd just like to end with that.
21 Please, you might make more money with this Recovery
22 Center of America, but do the right thing. We need
23 a nursing home in this town. Do the right thing.
24 You can do it.

25 THE CHAIRMAN: Yes.

1 MR. SACHS: Sir, please raise your right
2 hand; I'll swear you in.

3
4 P R A S A N N A K U L K A R N I, sworn.

5 MR. SACHS: Please state your name,
6 spelling your last name, address for the record.

7 MR. KULKARNI: My name is Prasanna
8 Kulkarni; my last name is K-u-l-k-a-r-n-i. My
9 address is 26 Wlodarczyk Place, W-l-o-d-a-r-c-z-y-k,
10 Place, Parlin, New Jersey. So I am one of the
11 residents from Landing. Paul is my neighbor, and we
12 are at the walking distance of this facility. I
13 just want to bring a slightly different perspective
14 than what other gentlemen brought in. I am one of
15 the, you know, younger generations with very small
16 kids, 6-month-old and a 4-year-old, commuters to New
17 York. There are many like me who reach home at 8
18 o'clock or so so that's why probably we don't see
19 people like us.

20 My main concern is that we are raising
21 kids. We are sending them to the family school,
22 which is just 200 feet from this facility, and we
23 all know that these are kids who are extremely
24 curious. My 4-year one is so curious, he asks
25 questions about everything. Definitely he's going

1 to ask questions about the cops and the cars and,
2 you know, all sorts of things that he is going to
3 see near the school. His curiosity may not be, you
4 know, nothing else but just out of curiosity, he and
5 kids like him are going to try or they might think
6 of things that they're not supposed to or they are,
7 you know, that we don't want them to, and the reason
8 why we bought this house here because we wanted --
9 we found a very, you know, this place is very nice
10 that gives us a peace of mind. My wife and I, both
11 of us work in New York, so while we are out, we feel
12 very secure in the neighborhood, but as soon as I
13 heard about it -- and believe me, it was extremely
14 difficult to find it out. Coincidentally, Paul told
15 me about it, but I'm sure many of people like me are
16 not even aware of this thing going on, and I am
17 having sleepless nights because after the tough
18 commute and the lifestyle that we have, the only
19 thing we want is peace of mind and environment where
20 we feel comfortable raising our kids, and just to
21 hear the word drug and, you know, whatever it is.
22 No justification. Just to hear the word, my
23 4-year-old is going to ask, dad, what is this and
24 why is this. Why there are cops here. And it just
25 brings so many things to my mind, and I'm sure it

1 will bring to everyone in my age group, and
2 obviously, I was not even aware that this nursing
3 home, and I completely support everyone comment
4 about having nursing home because only nursing home
5 over there, and obviously, you want to set up these
6 kind of facilities. Please do set up in commercial
7 areas, not near schools. I mean, I wouldn't even
8 imagine making money or even increasing revenue or
9 changing anything by setting this thing up or
10 testifying, you know, to raise this facility
11 200 feet next to a primary school. If it is next to
12 a college, at least the college kids have education
13 and they know what is good and what is bad, but how
14 will our primary kids, you know, and how their
15 curiosity.

16 So I am shocked to hear about this case,
17 and I really urge the board members to not approve
18 this, and please encourage to even not approve these
19 facilities near family schools anywhere in the
20 country. Not a Sayreville issue. It's basically a
21 moral issue for everybody. So that's all I want to
22 say.

23 THE CHAIRMAN: Anyone else wish to
24 speak?

25 MR. SACHS: Sir, please raise your right

1 hand.

2

3 E R V I N A G O S T O N, sworn.

4 MR. SACHS: Please state your name,
5 spelling your last name, address for the record.

6 MR. AGOSTON: My name is Ervin Agoston,
7 E-r-v-i-n; last name is Agoston, A-g-o-s-t-o-n. The
8 reason I moved like 12 years ago to 14 Wlodarczyk
9 Place, in Parlin, New Jersey. That's on the
10 Landings. I spent 5 years with my wife looking for
11 the perfect home. We checked criminal records. We
12 looked Long Island, Massachusetts, everywhere, and
13 we fell in love with this place. I work long hours.
14 I come home. I feel home safely. I can leave the
15 house open, the car open, all those beautiful things
16 anybody can wish to have, and that's what I have for
17 my kid, and I feel very, very good to have that for
18 him, and now suddenly, I feel, you know, when we
19 purchased the house, the economy went down on the
20 ground and that's not my case. I think it was the
21 whole country. The house went almost to less than
22 half the price. And we choose to stay. A lot of
23 people lose their houses, foreclosures everywhere.
24 I didn't care. I worked double just to make sure
25 that I keep my house. I pay taxes. I do everything

1 right for my family to stay in this place, and it's
2 just same thing and also it make a lot of damage to
3 our neighbors, and we choose to stay, and right now,
4 we are recovering a little bit. We still very low
5 on the prices of the houses, and now we feel that we
6 never going to recover or anything, but besides
7 that, the fact what really tricks me is I respect
8 these facilities, but I don't think it's appropriate
9 to have it in our neighbor. I think the double
10 moral issue. I had a problem with that always
11 because I was raised right and we had a choice in
12 life, and you choose, and we choose, and whatever
13 you choose, you pay for it, and I grow up that way,
14 and when do I say double moral is we don't have
15 enough money to teach in our schools to our children
16 not to use drugs, not to do this, not to do that,
17 because we are pure communities trying to reach our
18 kids to grow up to be a good person, and now we have
19 a facility that wants to profit our pockets because
20 that's what I see. I don't see any -- I see the use
21 and the helpful for the community, but I don't see
22 it on our neighbors. I see it like this double
23 issue moral.

24 I would like to ask how many drug users
25 are in Sayreville. Did you guys have the records?

1 How many of you people live in the area? Probably
2 none of you. How many of you had a drug center near
3 to your home? I would like you to bring the proof
4 to the council. Any of you just raise your hand.
5 Just bring it.

6 MR. SACHS: Sir, do me a favor. Address
7 the board. We don't want you addressing the public.
8 Address the board.

9 MR. AGOSTON: Just that's my bigger
10 concern here is we are really -- we like to have our
11 right conscious mind. I want to grow older making
12 sure that I choose the right for my family, and I'm
13 part of this town now, and I will fight the right
14 way without discriminating, but I think that I hear
15 wonderful things about senior citizens or older
16 people. That is a wonderful case. And helping
17 people in need, it will be great, but not in our
18 area. I think we have plenty, plenty of places. I
19 see that pure, they are all those places that work
20 for -- right facility you just across the street
21 from where the facility are.

22 So I thank you very much for your time,
23 and please do this for your grandchildren and your
24 children because that's the right thing to do. Not
25 to do it --

1 THE CHAIRMAN: Anyone else from the
2 public wish to speak on this application?

3 MR. SACHS: By a show of hands, how many
4 other people would like to speak this evening? This
5 will be the last speaker then.

6 Ma'am, please raise your right hand.

7

8 Z E N N A B E L L E S E W E L, sworn.

9 MR. SACHS: Please state your name,
10 spelling your last name, address for the record.

11 MS. SEWELL: My name is Zennabelle
12 Sewell; last name, S-e-w-e-l-l, and I live at the
13 Harbour Club, 1907 Bayhead Drive. I just want to
14 say to you that when you consider this application
15 for the change of the area from a nursing home to
16 this drug rehab center, just think of the residents
17 who live across the street. Think of us having
18 invested all our earnings to purchase these homes.
19 Think about what we are going to lose not being able
20 to get back on our investments. Think about the
21 people who have to commute into the city every day.
22 I commute into the city every day. I take the bus,
23 that limited service bus that goes into New York in
24 the morning and come home in the evenings. Most of
25 the time when I'm getting off the bus, it's dark.

1 Think about us, think about our safety, and just
2 remember that we have to be considered in the
3 process. Yes, this facility needs to be somewhere,
4 but I do not think that that is an ideal location
5 for a facility like that, and you as members of the
6 community and our elected individuals, you need to
7 take that into consideration. You need to remember
8 your citizens when you make your decisions. Thank
9 you.

10 THE CHAIRMAN: Is there anyone else that
11 wishes to speak on this application? Anyone else?
12 If there's no one else, I make the motion that the
13 public portion of this application be closed.

14 MR. HENRY: Second.

15 THE CHAIRMAN: Public portion is closed.

16 MR. HIMELMAN: Mr. Chairman, I would
17 like to request before we break for the evening I
18 would like an opportunity to talk to your counsel
19 about an issue that he raised during the break, and
20 I would like to be able to discuss that with him
21 because it may impact his direction on where we go
22 from here, and I -- is that -- would you just give
23 me 5 minutes.

24 THE CHAIRMAN: Yes.

25 MR. HIMELMAN: Thank you very much, be

1 very brief.

2 THE CHAIRMAN: All right. We're going
3 to take a 5-minute recess.

4 (Board recess)

5 THE CHAIRMAN: I am going to call the
6 meeting back to order.

7 MR. HIMELMAN: Mr. Chairman, I want to
8 first thank you for the recess, and I do apologize.

9 THE CHAIRMAN: First thing I do need to
10 do a roll call.

11 MR. HIMELMAN: Thank you.

12 MS. KEMBLE: Mr. Green.

13 THE CHAIRMAN: Here.

14 MS. KEMBLE: Mr. Kuczynski.

15 MR. KUCZYNSKI: Here.

16 MS. KEMBLE: Mr. Kreisner.

17 MR. KREISNER: Here.

18 MS. KEMBLE: Ms. Catallo.

19 MS. CATALLO: Here.

20 MS. KEMBLE: Mr. Corrigan.

21 MR. CORRIGAN: Here.

22 MS. KEMBLE: Mr. Henry.

23 MR. HENRY: Here.

24 MS. KEMBLE: Mr. Emma.

25 MR. EMMA: Here.

1 MS. KEMBLE: Mr. Esposito.

2 MR. ESPOSITO: Here.

3 THE CHAIRMAN: Okay. Proceed.

4 MR. HIMELMAN: Mr. Chairman, thank you.

5 Mr. Chairman, I've had an opportunity to talk to
6 your counsel during the break, and it's my
7 understanding that, as you know Mr. Sachs, has asked
8 for certain information, and he would like to see to
9 him in writing from me. One concerns the staffing
10 and the shifts that would be incorporated in a
11 proposed facility here in Sayreville, and I'm
12 prepared to do that, obviously with the assistance
13 of the applicant, and the second, Mr. Sachs is
14 asking for information and confirmation as to the
15 closure of the investigation in Massachusetts and
16 information relating to that investigation, both
17 deficiencies and closure, and I also will be
18 submitting that to Mr. Sachs before your next
19 meeting.

20 THE CHAIRMAN: Very good.

21 MR. SACHS: So, Mr. Chairman, I guess in
22 light of that -- and those are the two things that
23 we really need, you know. I mentioned that probably
24 several hours ago at this point that those were some
25 of the things that I thought the board would

1 require. So if Mr. Himelman will provide that, I
2 think what we can do is carry this meeting, carry
3 this application to the next meeting. Quite
4 frankly, I don't think you'll have any additional
5 testimony except if there's any questions regarding
6 what's provided.

7 MR. HIMELMAN: Correct.

8 MR. SACHS: All right. You know, the
9 public has spoken. Certainly, we'll have to do a
10 public portion at that point, but I would imagine
11 after that is concluded, there'll be a vote on this
12 application very early in the evening of the next
13 meeting.

14 THE CHAIRMAN: Yes.

15 MR. SACHS: So that would be the 24th of
16 January?

17 THE CHAIRMAN: Is that the meeting the,
18 24th of January?

19 MR. SACHS: So, Mr. Himelman, what we'll
20 do is we'll carry this application to January 24 at
21 7:30 p.m. I know we have a few bulk variances that
22 evening, which take about 5 minutes each, and then
23 you'll be number 1 on the list.

24 MR. HIMELMAN: Very much appreciate
25 that, Mr. Chairman, Mr. Sachs, and the board

1 members.

2 THE CHAIRMAN: The only thing that could
3 possibly hold this up is if we don't have the
4 results back on the investigation out of
5 Massachusetts.

6 MR. HIMELMAN: No, no, I have that
7 information. I'm getting it to Mr. Sachs.

8 THE CHAIRMAN: As long as we have all
9 that information, we'll be ready to proceed on that
10 date.

11 MR. HIMELMAN: Duly noted.

12 MR. ESPOSITO: Mr. Chairman, is there a
13 time period that they have to submit this so we have
14 a chance to look at that information?

15 MR. HIMELMAN: I will get you the
16 information within the next several days to Mr.
17 Sachs.

18 MR. SACHS: So you'll have it well in
19 advance of that meeting. So I know there's members
20 of the public here this evening. You will not
21 receive any further notice of the rescheduling of
22 this meeting. I'm going to give it to you right
23 now. This meeting will be carried to Wednesday,
24 January 24, 2018, at 7:30 p.m.

25 MR. HIMELMAN: Thank you, Mr. Sachs, Mr.

1 Chairman, members of the board, and we look forward
2 to coming back January 24, and happy holidays and
3 happy new year.

4 MR. SACHS: Same to you.

5 MR. HIMELMAN: Thank you.

6 MR. KUCZYNSKI: Mr. Chairman, will there
7 be a public session?

8 MR. SACHS: Yes. We always have to have
9 a public session so we'll have one more public
10 session.

11

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1 BOARD OF ADJUSTMENT
2 BOROUGH OF SAYREVILLE
3 COUNTY OF MIDDLESEX
4 STATE OF NEW JERSEY

5 In the Matter of)
6 The Application of:) Transcript of
7 RECOVERY CENTERS OF AMERICA) proceedings
8 #17-29)
9 901 Ernston Road)
10 -----
11
12
13
14
15
16
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19

20 I, DEBORAH A. MASTERTON, a Certified Court
21 Reporter and Notary Public of the State of New
22 Jersey, certify that the foregoing is a true and
23 accurate transcript of the proceedings in the above
24 entitled matter at the time and place aforesaid.
25

DATE: December 17, 2017

License No. XI001655

EXHIBIT E

BOROUGH OF SAYREVILLE
BOARD OF ADJUSTMENT

In the Matter of: :
: Transcript
FILE #17-29 :
: of
RECOVERY CENTERS OF AMERICA :
901 Ernston Road : Proceedings
Block 452, Lot 1 :
-----x

Wednesday, January 24, 2018
167 Main Street, Third Floor
Sayreville, New Jersey 08872
Commencing at 7:55 p.m.

BOARD MEMBERS PRESENT:

RONALD GREEN, Chairman
WILLIAM HENRY, Vice Chairman
TOM KUCZYNSKI
MARIA CATALLO
JOHN CORRIGAN
ANTHONY ESPOSITO
PHIL EMMA

JOAN KEMBLE, Recording Clerk
JAY CORNELL, Township Engineer
SUSAN GRUEL, Township Planner
JOHN BARREE, Township Planner

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Attorney for the Board

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Attorney for the Applicant

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Certified Court Reporter
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1	TABLE OF CONTENTS			
2	AUDIENCE MEMBERS SWORN (NUMBERS ARE PAGE 3)			
3	NAME	PAGE	NAME	PAGE
4	Robert Krzyzkowski	24	Elias Ciudad	83
5	Larue Esposito	30	Paul Lieberman	84
6	Ursula Jones	32	Lisa Rom	85
7	Robert Platner	35	Reyne Quackenbush	87
8	Elias Muhammad	40	Lorraine Vaglio	88
9	Paula Gervasi	42	Kathleen Bartolotti	87
10	Eugene Harris	44	Lenore Lambert	89
11	Al Lambert	46	Linda Darkins	93
12	Carmen Campbell	50	Alejandra Bustos	94
13	Scott Tabacco	53	Mary Cibelli	95
14	David Barr	55	Hannan Torres	98
15	Ruth Ann Mahoney	57	Katrina Arboleda	100
16	Christopher Hunter	59	Jack Caveney	101
17	Al Pillar	61	Leonardo Cotugno	101
18	John Bartlinski	64	Mohan Lokanadham	102
19	George Podolak	70	Daphne Stanley	103
20	Gary Szamreta	72	Olga Correa	104
21	Nikunj Kumar Patel	75	Sandra Charles	104
22	Michael Murray	77	Kevin Reid	105
23	Francesca Gervasi	79	Carol Gitune	108
24	Qadira Ismail	80	Yasmeen Anderson	109
25	Geraldine Bennington	81	Daniel Astarita	111

AUDIENCE MEMBERS SWORN

NAME	PAGE	NAME	PAGE
Melba Garcia	112	John McCormick	119
Barbara Shanley	113	Jonnie Robinson	120
Bill Policastro	114	Stephanie Taite	122
George Nagy	115	Pragnesh Khatri	122
Shafka Mahmood	117	Pradima Jhala	123
Dawn Dantzler	117	Debbie Indrawis	123
Paulene Kuria	118		

E X H I B I T S

NO.	DESCRIPTION	PAGE
Platner-1	Printout regarding rehab recidivism rates and statistics	38
Platner-2	The Rehab Industry Needs to Clean Up It's Act, Here's How	38

1 CHAIRMAN GREEN: Okay. The next
2 application is 17-29, which is Recovery Centers
3 of America, at 901 Ernston Road.

4 Mr. Himelman, you're the attorney
5 for RCA? Proceed.

6 MR. HIMELMAN: Yes, Mr. Chairman,
7 good evening, David Himelman for the applicant,
8 901 Ernston Road, LLC, which, as you know, is an
9 affiliate of RCA. Good evening.

10 Mr. Chairman, as you know from the
11 last meeting, your professionals had requested
12 that we provide certain documentation on a few
13 issues, which we have done. To my knowledge, we
14 have not gotten any feedback from your
15 professionals or the board members or staff.

16 As you know also, we had presented
17 our case at the November and the December
18 hearings, and my understanding is that our case
19 in chief has pretty much been closed at this
20 point. We are prepared to move forward with the
21 application, in terms of summarizing the
22 testimony and the information provided.

23 However, I understand from your
24 attorney that the chairman and members of the
25 board wish to have -- obviously, have the members

1 of the public speak, to the extent they haven't
2 already, and given the amount of people standing
3 in the room, perhaps it would make sense to open
4 this up to the public at this point, and then the
5 applicant can summarize its case. And I would
6 suggest that that may be a course of action to
7 pursue, but I leave that to the chair and your
8 professionals' discretion.

9 CHAIRMAN GREEN: Is that the way you
10 want to proceed, is we'll open it to the public
11 first, and you'll summarize after the public is
12 completed?

13 MR. HIMELMAN: That would make the
14 most sense to me.

15 PUBLIC SPEAKER: No.

16 (Public interruption.)

17 MR. KEMM: So, Mr. Himelman, as you
18 can tell, I think some members of the public may
19 not have been here at the last hearing, so could
20 we follow this protocol? Would you mind -- you
21 certainly can give a summary overview of your
22 application, and then we will open it to the
23 public, and then we will give you time after the
24 public speaks to respond to any questions the
25 public may have, including a summary at that

1 point?

2 MR. HIMELMAN: Well, I guess the
3 issue with that is we've had our professionals,
4 including our traffic consultant, professional
5 planners, engineer, testify for over two
6 hearings. I certainly can outline a summary, if
7 you want, and a closing position on that, but,
8 quite frankly, I know the chairman, at the last
9 meeting, indicated that he wanted to give the
10 public an opportunity to speak at the meeting,
11 and quite frankly, I think that makes the most
12 sense.

13 Unfortunately, for me to sit here
14 and summarize every single witness and what
15 they've testified to, I think would be more
16 lengthy than perhaps is in order. I mean, I'm
17 certainly prepared to go through my closing
18 statement, but, again, I think it would make
19 sense to hear the concerns of the public first.
20 But that's --

21 (Audience interruption.)

22 MR. KEMM: Ladies and gentlemen, I
23 appreciate everyone's here, they're out tonight
24 away from their loved ones, and not at home
25 watching TV, as we all would like to be, but we

1 need to have a sense of decorum. Everyone who
2 wants to speak will have the opportunity to come
3 up to the microphone and say what they'd like --

4 MR. HIMELMAN: Fine, I'll --

5 MR. KEMM: -- but please wait your
6 turn, and everyone will get a chance the to
7 speak.

8 So Mr. Himelman, if I may impose
9 upon you, if you wouldn't mind giving a brief
10 summary, and then, again, we will give you a
11 chance to address the public when the public
12 is --

13 MR. HIMELMAN: Well, I certainly can
14 read an outline of what I believe the essential
15 elements of this application -- what we believe
16 the applicant has established. So if you bear
17 with me, I'd be happy to do that.

18 MR. KEMM: That would be great, we
19 appreciate you accommodating us.

20 MR. HIMELMAN: Mr. Chairman, members
21 of the board, obviously, for the benefit of the
22 public, first, I want to thank the board for
23 hearing the testimony that has taken place over
24 the course of several hearings on this. I think
25 the board has been thoughtful and careful in its,

1 thus far, deliberations on this issue, and I
2 believe that the board is very sensitive to the
3 particular issue at hand, which is substance
4 abuse and treatment.

5 Just by way of background, I'm sure
6 you'll agree, it's worth noting that this is not
7 your typical land use application, and that's
8 really for several reasons. We had testimony
9 from Dr. Deni Carise, who gave explicit and
10 direct testimony on the substance abuse problem
11 which we all face here in Middlesex County, and
12 across this state, and the urgent need to provide
13 critical treatment to individuals affected by
14 this issue, in order to address this most severe
15 problem. And I don't think any member of the
16 board, or quite frankly the public, would dispute
17 that.

18 Even those who have previously
19 testified from the public, and who we may hear
20 from this evening, that objected on this
21 application, acknowledged certainly that there's
22 a crisis in our community, in this county, and
23 the state, and the nation. And we have made the
24 point, Mr. Chairman, that there are certain laws
25 in place, both state and federal laws, which

1 require all of us, including this borough, to
2 extend special consideration to this application.
3 And the real lessons here -- and we've discussed
4 this at length during these hearings -- the term
5 that these laws use is "reasonable accomodation."

6 As you know, and I have indicated in
7 discussions with the board, it's my humble
8 opinion that the board is required to grant the
9 requested d(1) use variance relief, not simply
10 because the applicant has met its burden and the
11 elements necessary for that relief, but because
12 state and federal laws require the approval of a
13 use variance in this case as a reasonable
14 accomodation under such laws.

15 Here, reasonable accomodation can be
16 demonstrated, since this applicant is willing and
17 able to construct and operate this facility on
18 the subject site at this time, as opposed to the
19 possibility that some other entity that does not
20 currently exist may choose to open such a
21 facility on some other yet-to-be-identified site
22 in the borough, at some undisclosed time in the
23 future.

24 Now, as far as the -- as far as what
25 the Municipal Land Use Law requires -- and that's

1 pursuant to 40:55D-70(d)(1), which is the
2 Municipal Land Use Law, as you know from prior
3 applications, the law conferred upon zoning
4 boards the following powers; in particular, cases
5 for special reasons, granting a variance to allow
6 departure from regulations to permit a use or
7 principal structure in a district restricted
8 against such use or principal structure.

9 The applicant's belief is that, as
10 part of the d(1) variance relief sought, we must
11 provide sufficient proofs for what is generally
12 referred to as the positive and negative
13 criteria. And we've discussed this at length.

14 The special reasons requirement of
15 the Municipal Land Use Law is also referred to as
16 the positive criteria. The special reasons,
17 which the courts have generally recognized, to
18 support a d(1) variance, include that the use is
19 inherently beneficial; that the site is
20 particularly suited for the use, and that the use
21 advances one or more purposes of the -- of
22 planning, as stated in the Municipal Land Use
23 Law.

24 Respectfully, the record, through
25 the testimony of the applicant's planners, James

1 Higgins and Christine Cofone, and also confirmed
2 by your board's planner, that has been set forth
3 before you, and we think we've established the
4 following:

5 One, that RCA meets all the
6 requirements required for a d(1) variance. And
7 as I've indicated, they fall into two categories,
8 the positive criteria proofs and the negative
9 criteria proofs.

10 Under the Municipal Land Use Law, as
11 I've indicated, the positive proofs refer to
12 special reasons that justify, generally, a
13 departure from the zoning ordinance. New Jersey
14 courts consistently hold that, if the use is
15 inherently beneficial, then the burden to
16 establish positive criteria proofs have, in fact,
17 been met. As a matter of law, it is undisputed
18 that the proposed use, a drug and alcohol
19 rehabilitation facility, as proposed, is
20 inherently beneficial. It is undisputed, one,
21 that a hospital is expressly identified by
22 statute as an inherently beneficial use; two, a
23 drug and alcohol rehab supervised by the New
24 Jersey Department of Health is deemed to be a
25 hospital, pursuant to numerous cases.

1 Now, we've talked, and Mr. Higgins
2 and Ms. Cofone talked about the elements under
3 Sica, and what needs to be established, and
4 there, they've both indicated that, under the
5 Sica decision, the courts set forth a four-part
6 balancing test in determining whether to grant
7 the use variance for inherently beneficial use,
8 which all professionals have confirmed:

9 One, we have to identify the public
10 interest at stake.

11 Two, identify the detrimental effect
12 that would ensue from the grant of the variance.

13 Three, in some situations, the board
14 may reduce the detrimental effect by imposing
15 reasonable conditions on such use.

16 Four, weigh the public interest
17 against the detrimental effects to determine
18 whether the variance would cause such detrimental
19 detriment.

20 Here, we believe the four-part Sica
21 test to evaluate inherently beneficial use has
22 been met.

23 Let's look at them:

24 The public interest at stake. There
25 is a clear public interest. The undisputed

1 testimony demonstrates the urgent epidemic of
2 substance abuse here in Middlesex County,
3 throughout the state, and the country. There can
4 be no greater example of a public interest at
5 stake.

6 Express the public policy. Under
7 N.J.S.A. 30:6C-1, provides specifically that the
8 public policy of this state, that human suffering
9 and social and economic loss caused by drug
10 addictions are matters of grave concern to the
11 people of this state, and it's imperative that a
12 comprehensive program be established.

13 In addition, there's a statutory
14 scheme that established the Governor's Council on
15 Alcoholism and Drug Use, and it provides that the
16 legislature finds and declares that alcoholism
17 and drug abuse are major health problems facing
18 the residents of this state. The full resources
19 of this state, including counties,
20 municipalities, and residents of the state, must
21 be mobilized in a persistent and sustained
22 manner, in order to achieve a response of capably
23 and meaningfully addressing not only the
24 symptoms, but the root causes of the pervasive
25 problem.

1 In addition, the testimony of
2 Dr. Carise is undisputed. It's undisputed that
3 we provided statistics regarding drug deaths in
4 Middlesex County, which are two key elements that
5 support the statutory scheme.

6 Let's look at the negative impacts.
7 The testimony overwhelmingly established there's
8 no negative impact on the community in terms of
9 aesthetic, noise, traffic, safety, and security.
10 The applicant's traffic engineer --

11 (Audience interruption.)

12 MR. HIMELMAN: Hold on, you've got
13 to listen to the testimony.

14 The applicant's traffic engineer
15 testified that, based on the proposed use, the
16 site can accommodate -- can operate compatible
17 with existing traffic conditions.

18 Further, the applicant provided
19 detailed testimony on site security and safety,
20 and we believe we've addressed all the board's
21 concerns regarding this.

22 Notwithstanding that, RCA is open
23 and willing to accept reasonable conditions that
24 the board might impose on this use, which address
25 some of the issues discussed and raised by the

1 board and its professionals. The applicant has,
2 in fact, addressed and provided to this board,
3 relating to this those concerns, specifically
4 about site safety, the admission of outpatients,
5 staffing, and referral of patients, which we've
6 discussed at length at multiple hearings.

7 The final aspect of Sica then turns
8 to the balancing analysis of the public interest
9 at stake, and the impact of any negative or
10 detrimental impacts. If the test shows that the
11 detriments do not substantially outweigh the
12 benefits, the Supreme Court has ruled the
13 application should be approved. The public
14 interest is urgent and immediate. The impacts,
15 if any, are so de minimis, as to make the
16 balancing clear and overwhelming, that the
17 benefits substantially outweigh the detriments,
18 so the application should be approved.

19 The point to this board and its
20 professionals, and the public, is that, based
21 upon the facts and the law, there's no dispute
22 that the proposed use is inherently beneficial.
23 The negative -- the negative proofs require a
24 demonstration that RCA's proposed use has no
25 substantial negative impacts on the surrounding

1 property, including aesthetics, noise, traffic,
2 safety, and security.

3 We have demonstrated that, by clear
4 and convincing evidence --

5 (Audience interruption.)

6 MR. HIMELMAN: Come on.

7 It is important to remember that
8 this is a very different application. This is
9 not a use variance for a commercial or
10 residential use. This use provides critical care
11 to a class of individuals who are entitled to
12 reasonable accomodation. The patients are
13 handicapped and disabled under federal law,
14 including but not limited to the Fair Housing
15 Act -- and we talked about that -- and the
16 Americans with Disabilities Act. Similarly,
17 disabled individual patients are also protected
18 under New Jersey Law Against Discrimination.
19 These laws make it clear that those who suffer
20 from addiction, and who are actively in recovery
21 and treatment, are disabled.

22 The Federal Housing Act defines
23 discrimination to include a refusal to make
24 reasonable accommodations. The Fair Housing Act
25 defines discrimination to include a refusal to

1 make reasonable accommodations to either rules,
2 practices, or policies, or services, when such
3 accommodations are necessary to provide access to
4 housing for the disabled.

5 The applicant believes that
6 Sayreville's obligated, under the ADA and the
7 Federal Fair Housing Act, to provide reasonable
8 accomodation to this use. Some may ask, well,
9 what does that mean in this case? It really
10 means the obligation to provide reasonable
11 accomodation extends to Sayreville's zoning
12 regulations and how they are enforced.
13 Sayreville's zoning ordinance does not expressly
14 permit a drug and alcohol rehabilitation to
15 operate anywhere, although I will add, you know,
16 that this particular site is located in the PRIME
17 zone, which is not a residential zone, and
18 conditionally --

19 (Audience interruption.)

20 MR. KEMM: Ladies and gentlemen,
21 please.

22 (Audience interruption.)

23 MR. KEMM: Everybody, listen, you
24 cannot speak out randomly. Give the gentleman
25 time to speak, you all want to come talk -- you

1 can come up to the microphone when he's finished
2 and say what you would like to say; until then,
3 we need to have the room quiet. When you're up
4 here speaking, we will not let people speak up
5 and interrupt you; please extend the courtesy to
6 the applicant's attorney.

7 Thank you.

8 MR. HIMELMAN: Thank you, Counsel.

9 The point I was making is that the
10 Borough of Sayreville has made a determination of
11 how this particular area should be zoned, and as
12 we know from the prior applications, the zoning
13 officer determined that this was not a permitted
14 use, and the applicant agreed to stay that
15 particular appeal to this board, and move
16 forward, and prosecute the use variance
17 application.

18 But the reality is this site, and
19 this use, is in the PRIME zone, which is not a
20 residential zone, and the applicant submits --
21 and I think your professionals concur -- that
22 this is a permitted -- this is a conditionally
23 permitted use in the zone.

24 Getting back -- and just bear with
25 me a few minutes, I'm almost done -- so we've

1 discussed -- we've discussed the positive
2 criteria, and we've also noted that, given the
3 negative proofs that have been established --
4 meaning we believe we've addressed any potential
5 negative or detrimental impacts -- it would not
6 be unreasonable to permit this use as proposed.

7 I would like to point out -- and I
8 understand and can anticipate some of the
9 comments that the members of the public will make
10 this evening, because we've already heard from
11 many members of the public as to why they are
12 objecting to this particular application. But as
13 I indicated, this is a national crisis, and I
14 don't know if the members of the board, the
15 professionals, or even the public -- there was an
16 article in this Sunday's New York Times, on the
17 front page of this Sunday's New York Times, and
18 the headline read: One Son, Six Hours, Four Over
19 Doses, a Family's Anguish. And you can read this
20 article at your leisure, but the conclusion of
21 the article, the New York Times reporters
22 carefully followed this particular gentleman,
23 named Patrick, and his sister, for many, many
24 years, and he had a very difficult life of
25 suffering from drug and substance abuse.

1 (Audience interruption.)

2 MR. HIMELMAN: At the end, he did --
3 his life has been turned around, and there's only
4 one reason why: It was turned around because he
5 got help and he got treatment. And what we're
6 saying is this is an opportunity for this borough
7 to be able to help people like Patrick and his
8 sister.

9 Now, I can tell you, I've been
10 practicing land use, zoning and planning, for
11 over 30 years. And I recognize that all of you
12 up here, with the exception of your
13 professionals, are volunteers, and you volunteer
14 your time. But there are very few applications
15 that I have handled over this many, many years,
16 that has touched me in this way. Every --

17 (Audience interruption.)

18 MR. HIMELMAN: Hold on a minute,
19 just give me a chance.

20 MR. KEMM: Let him speak.

21 MR. HIMELMAN: And I think it's
22 important for the board to understand, no matter
23 where we go, newspapers, social media,
24 everywhere, television, this national crisis is
25 facing this country, it's right in front of our

1 nose. I've had friends, personal friends, who
2 have passed away from it, from a drug overdose;
3 I'm sure all of you have been -- know someone,
4 God forbid, that was in the same situation. The
5 point is, this board has an opportunity to try
6 and deal with the Patricks of the world that were
7 on the front page of the New York Times.

8 PUBLIC SPEAKER: Stop it.

9 MR. HIMELMAN: And what I'm
10 suggesting is, this site was already approved for
11 a nursing home.

12 (Audience interruption.)

13 MR. HIMELMAN: Hold on. And the
14 applicant has already demonstrated that the uses
15 are virtually identical.

16 (Audience interruption.)

17 MR. HIMELMAN: Hold on. You may not
18 agree with me, but that's a fact. The reality
19 is, we believe we have absolutely demonstrated
20 why this site is particularly suited for this
21 use.

22 And the most important element is
23 that all of your professionals agree, and the
24 applicant's professionals agree, that as far as
25 the standard that must be looked at, is whether

1 this is inherently beneficial, and there's no
2 question that that's the case.

3 And based on that, I believe this
4 board has no choice but to approve this.

5 (Audience interruption.)

6 MR. HIMELMAN: As a matter of law,
7 for the reasons I have -- for the reasons I
8 outlaid -- now, I understand that members of the
9 public are -- may be frustrated with this
10 particular use --

11 PUBLIC SPEAKER: Yes.

12 MR. HIMELMAN: -- but the reality
13 is, this board and this community have an
14 obligation to provide a reasonable
15 accommodation --

16 (Audience interruption.)

17 MR. HIMELMAN: Hold on -- and our
18 professionals have testified to the reasons why.

19 So, Mr. Chairman, I think this gives
20 you a pretty good summary of our -- the
21 applicant's position on this, and what our
22 witnesses have offered, in terms of testimony. I
23 would certainly offer and have no -- obviously
24 have no issue with members of the public
25 speaking; the only thing that I would ask is that

1 there's already been members of the public who
2 have spoken, and for the interest of time, and
3 due -- and all respect to the board --

4 (Audience interruption.)

5 MR. HIMELMAN: Hold on -- that you
6 allow these members of the public who have not
7 spoken, give them a chance to speak. That's how
8 I would recommend proceeding. But I will leave
9 that to your discretion.

10 (Audience interruption.)

11 CHAIRMAN GREEN: Okay. Thank you.

12 MR. HIMELMAN: Thank you.

13 CHAIRMAN GREEN: Okay. I'm going to
14 open this to the public at this time. The only
15 thing I do want to say is, at our last meeting on
16 December the 13th, there were people here who did
17 speak. I would ask that the people who spoke on
18 December the 13th refrain from speaking, and let
19 the people who have not spoken in the past come
20 up and speak first.

21 So do I have a motion to open this
22 to the public?

23 COMMISSIONER KUCZYNSKI: So moved.

24 CHAIRMAN GREEN: All right. Will
25 the first person come up?

1 MR. KEMM: Good evening, sir, we
2 have to swear you in. I need to swear you in.

3 MR. KRZYKOWSKI: My name is Robert
4 Krzykowski --

5 MR. KEMM: We need to swear you in.

6 R O B E R T K R Z Y Z K O W S K I,
7 having been duly sworn, testified as follows:

8 MR. KEMM: Good evening, sir. If
9 you would just give us your name, spell your last
10 name.

11 MR. KRZYKOWSKI: My name is Robert
12 Krzykowski, K-R-Z-Y-Z-K-O-W-S-K-I. I live at 26
13 Gillen Drive in the Parlin section of this
14 borough.

15 MR. KEMM: Thank you, sir. Please
16 go ahead.

17 MR. KRZYKOWSKI: I'd like to
18 preface my remarks by saying that I'm speaking
19 for myself and many neighbors who live in
20 proximity to this proposed drug treatment
21 facility. We do not believe this community is
22 against treatment. People who are addicted need
23 help, and God bless and help all of them. This
24 is a question about where it is most appropriate
25 to place such a major drug treatment facility.

1 And let's be clear about what this
2 proposed facility is: It is a major drug
3 addiction treatment center. It is a large
4 facility, with the capacity for not only
5 outpatient treatment, but also a
6 several-hundred-bed facility for inpatient
7 treatment. This facility will not be able to
8 discriminate about who it chooses to treat,
9 whether they are wealthy or poor. It could be a
10 major drug addiction, such as cocaine and heroin,
11 and sometimes, with that type of addiction, comes
12 the crime necessary to support the habit.

13 Outpatients, apparently, would have
14 access of egress to and From the facility, honest
15 glory. Has the borough been provided with the
16 type of data from the applicant, such as the type
17 and professional nature of the staff, the ratio
18 and number of the staff of inpatient and
19 outpatient, ratio of security to the number of
20 patients, and the type of security measures that
21 would be in place? These are all important
22 considerations. They have been -- and have they
23 been answered to the borough's satisfaction?

24 South Amboy has an outpatient
25 methadone treatment center, and has, in its

1 wisdom, required that the facility be placed in
2 an industrial zone, on the very outskirts of the
3 city, away from schools --

4 (Audience applause.)

5 MR. KRZYZKOWSKI: -- away from
6 schools and residential areas. Sayreville should
7 do the same. We, as a community, have a right to
8 determine what our community is. We, as a
9 community, should be willing to locate a
10 treatment center, but in the appropriate
11 location. This proposed location is not, by any
12 means, the right location, so close to a school.

13 (Audience applause.)

14 MR. KRZYZKOWSKI: The applicant
15 cloaks their application with terms like
16 "beneficial use." The original application for a
17 nursing home facility was also a beneficial use.

18 (Audience applause.)

19 MR. KRZYZKOWSKI: The facility was
20 intended to replace an older nursing home
21 facility, which was demolished at the very spot.
22 At some point, though, it was determined that
23 leasing the property would be much more
24 profitable than administering a nursing home.
25 The applicant -- sorry, the lessor's profit,

1 however, should not be an influence of
2 determining what is best overall for our
3 community. Sayreville does need a nursing home
4 facility, especially since the other facility was
5 demolished.

6 (Audience applause.)

7 MR. KRZYKOWSKI: With respect to
8 the concept of beneficial use, suppose the
9 applicant has submitted an application for a
10 private, for-profit, long-term incarceration
11 facility -- prison -- to be established at this
12 location. That could be deemed beneficial use,
13 but I do not believe the community would ever
14 consider granting an approval for such a facility
15 so close to a school or densely populated
16 residential area, nor should it. This proposed
17 drug facility poses a different set of problems,
18 but the inherent risks to our community are very
19 real, because it would be so close to a grammar
20 school.

21 We, as a community, do all in our
22 power to help our children be safe from the
23 scourge of addiction. We establish drug-free
24 zones in areas near and around our schools. I
25 question whether this facility meets the letter

1 of the law with respect to those requirements.

2 (Audience applause.)

3 MR. KRZYKOWSKI: Does it? Does
4 anyone here have that answer? The proposed
5 facility is within a very short, easy walk from
6 the Eisenhower Grammar School. There's a
7 concrete walkway from the school's property to
8 the entrance of this drug treatment facility. To
9 propose to locate a major drug rehab facility of
10 this nature so close to our school is ludicrous
11 on its face.

12 (Audience applause.)

13 MR. KRZYKOWSKI: That the applicant
14 wants to establish a treatment center within the
15 community, there are certainly other areas within
16 the borough that could accommodate such a
17 facility. There's a large parcel of land at the
18 base of the Edison and Victory Bridges where the
19 old movie theater is located --

20 (Audience applause.)

21 MR. KRZYKOWSKI: -- and that land
22 has been vacant for years. It is on the
23 outskirts of the borough, and not close to
24 schools or densely populated residential areas.
25 It is accessible from major roadways. It would

1 be a much more appropriate area for such a major
2 drug treatment facility.

3 (Audience applause.)

4 MR. KRZYKOWSKI: In closing, I
5 believe approval of this variance would be a very
6 inappropriate and unwise move by the board, and
7 detrimental to our community. I believe the
8 board needs to stand for what is best for the
9 community at large.

10 (Audience applause.)

11 MR. KRZYKOWSKI: If denying the
12 variance poses potential cost and suits to the
13 borough, then so be it. Sometimes taking a stand
14 for what is best is not easy. It takes internal
15 fortitude from each of you. We pay our taxes to
16 this community, and if some of those tax proceeds
17 have to be utilized to further fight for our
18 rights as a community, it is a totally justified
19 use of those monies.

20 I do not believe any part, whatever
21 determined, that we as a community are being
22 discriminatory, because we are taking a stand
23 protecting our children, by not placing a hard
24 drug addiction facility within a few minute walk
25 from our schools. Think about this for a minute,

1 a major drug treatment facility placed within
2 minutes from our school, with unsupervised
3 outpatient access and egress.

4 PUBLIC SPEAKER: And residential
5 also.

6 MR. KRZYKOWSKI: There may be other
7 instances where this type of drug treatment
8 facility would prove to be so-called beneficial
9 use; however, this case is more unique, because
10 the proximity to our community school, and we as
11 a community should be willing to go to the bat
12 for our children's safety, whatever it takes.

13 Thank you for your consideration.

14 (Audience applause.)

15 CHAIRMAN GREEN: Okay. The next
16 person to speak on this application?

17 MR. KEMM: Good evening, ma'am, I
18 need to swear you in.

19 L A U R I E S P O S I T O, having
20 been duly sworn, testified as follows:

21 MR. KEMM: Please give us your name,
22 spell your last name.

23 MS. ESPOSITO: Laurie Esposito,
24 E-S-P-O-S-I-T-O.

25 MR. KEMM: Thank you, Ms. Esposito.

1 MS. ESPOSITO: Hi, we have a little
2 young lady here --

3 MR. KEMM: I'm sorry, what's your
4 address?

5 MS. ESPOSITO: 24 Rubar Drive,
6 Parlin.

7 PUBLIC SPEAKER: Speak into the
8 microphone, ma'am.

9 MS. ESPOSITO: I am.

10 MR. KEMM: You kind of have to hold
11 it close.

12 MS. ESPOSITO: Real close?

13 PUBLIC SPEAKER: Yeah.

14 MS. ESPOSITO: All right. We have a
15 young lady here from the Eisenhower School. I
16 sat on our board of ed for three years, and most
17 of my job was watching out for our students, and
18 for our parents, and for our town.

19 This facility, everybody's very
20 passionate about drug addiction, we're passionate
21 about our students, we're passionate about our
22 seniors. There's a waiting list at the Venetian.
23 Okay? There's children right by this facility.

24 It's just the wrong area. We're
25 passionate about, you know, rehab; just put it in

1 a different area. No big deal. Very simple,
2 very basic.

3 U R S U L A J O N E S, having been
4 duly sworn, testified as follows:

5 MR. KEMM: Please give us your name,
6 spell your last name.

7 MS. JONES: Ursula Jones, J-O-N-E-S.

8 MR. KEMM: And your address?

9 MS. JONES: 16 Straton Court,
10 Parlin, New Jersey.

11 I'm Ursula Jones, I'm a registered
12 nurse, critical care. So I wanted to address
13 some of the issues that were thrown out about
14 disabilities. I agree we have a problem; I work
15 in it every day. I work in the emergency room.
16 I have to put critical care patients, 99 years
17 old, who are dying, in the hallway, because
18 people with addictions have taken up our beds.
19 So I empathize. I come home late almost every
20 day having to deal with this.

21 What this board needs to know is
22 along with addiction comes a lot of mental
23 health. It's called dual diagnosis. So a lot of
24 these people are unstable.

25 I've also had the ability to work at

1 numerous, numerous detox and rehab facilities in
2 New York -- New Jersey and New York, and I can
3 tell you that the picture that they're painting
4 is not the picture that you're going to see.

5 (Audience applause.)

6 MS. JONES: Patients have come in
7 positive to heroin; 30 days later, they're
8 positive to seven substances. Inpatient. People
9 are bringing it in. They're getting it some kind
10 of way. Patients have educated me, I've been a
11 nurse for 25 years, I learned 15 years ago that
12 patients did come in for a tune-up, they came in
13 for an oil change. They're court ordered.
14 They're mandated. The job wants them to go. The
15 family wants them to go. There's a very high
16 recidivism rate in drug addiction.

17 I'm very passionate about drug
18 diction, but along with of the people in this
19 room, it's not what we do, and how we do, and
20 where we do it. That's my concern. My concern
21 is that, if we put that place there, we're going
22 to have something on our hands bigger than Sandy
23 Hook.

24 A lot of these people that are
25 coming in and out of these facilities are

1 unstable. They're very unstable. There's an
2 incident in Summit, New Jersey, where the nanny
3 got beat up. It was on the camera. What you
4 didn't hear was that the guy who did it had got
5 turned down from going into a bed at Summit Oaks.
6 That's why he was in that area. He brutalized
7 that woman in this house, to rob her, and I'm
8 afraid that that's what's going to happen to our
9 people in this town.

10 (Audience applause.)

11 MS. JONES: So I'm begging you guys
12 to think about this. We do need it. Addiction
13 is at its worst right now, and I understand that
14 New Jersey, on the whole, is one of the worst in
15 the country. We need help; it's just where that
16 help goes. This is a highly densely populated
17 residential area, and I think it's a disaster
18 waiting to happen. You can mark my words, we
19 will make the news.

20 RCA, as well, have had lots of
21 problems at their facilities. There's gross
22 understaffing, gross. I've had the opportunity
23 to work through some of their facilities.
24 There's gross understaffing. They make the books
25 look like there's three nurses there, when

1 there's only one nurse and two aides. People are
2 not getting the counseling that they need to be
3 getting.

4 Right now, I have decided that I
5 won't even do -- I'm pursuing a master's degree
6 in psychology, but I will not work addiction, I
7 will not, because I want to help people, and I
8 don't see that most of these facilities that are
9 making millions and millions of dollars are
10 helping the people who need the help. That's
11 what RCA has a history of.

12 So I just want you to know that
13 going forward. RCA, don't -- does not do what
14 they're supposed to do with these patients. And
15 we're putting our neighborhoods and our children
16 in great danger.

17 Thank you.

18 (Audience applause.)

19 MR. PLATNER: My name is Robert
20 Platner, P-L-A-T-N-E-R, I live at 68 Prusakowski
21 Boulevard in Parlin.

22 MR. KEMM: I need to swear you in,
23 sir. You did the first part good, though.

24 R O B E R T P L A T N E R, having
25 been duly sworn, testified as follows:

1 MR. KEMM: Thank you, sir. Please
2 continue.

3 MR. PLATNER: Okay. Do we need redo
4 the last part, or can we skip over it?

5 MR. KEMM: No, you got your name
6 right. I believe you gave us your correct name
7 and address, I don't doubt that, sir.

8 MR. PLATNER: I want to thank last
9 speaker. I want to thank the petitioner for what
10 he had to say. If I have this right, he
11 basically was of the opinion that reasonable
12 accommodation is required by law. I believe, as
13 law goes, that reasonable accommodation of a
14 reasonable effort would be accommodated.

15 And I have very few words to say,
16 other than -- and I'm going to submit the
17 document for the -- for your consideration -- the
18 Substance Abuse and Mental Health Service
19 Association found that 90 percent of the people
20 most in need of drug rehab do not get it. This
21 stands for what the petitioner was trying to say,
22 that people need to get access to drug abuse --
23 I'm sorry, to drug rehabilitation.

24 An article in Scientific American
25 about rehab success rates and statistics, which I

1 will submit, says that there is no accrediting
2 association, so everybody can define success as
3 they choose, and as a consequence, the relapse
4 rates in the United States are abysmal. Amy
5 Winehouse was in rehab over and over and over
6 again, and died.

7 So, anyway, I would like to say,
8 one, that we do need this kind of an institution
9 somewhere; I think there's a better place for it.

10 I would ask that the board inquire
11 what makes the petitioner better suited to
12 provide rehab services than the problems that
13 are -- that are noted in this other article, as
14 far as why rehab doesn't work, or hasn't worked.
15 It doesn't mean it can't work; it means that, as
16 it's currently constituted, it's not working.

17 Who can I give these documents to,
18 and say thank you?

19 MR. KEMM: Sir, you're giving us two
20 documents?

21 MR. PLATNER: Yes.

22 MR. KEMM: All right. If you can
23 give those to the secretary, and just wait for
24 one second, so I can make sure we get this -- so
25 your name is Platner, P-L-A-T-N-E-R. Correct?

1 MR. PLATNER: That's correct.

2 MR. KEMM: So I'm going to mark one
3 Platner-1 and Platner-2. Okay?

4 And Platner-1, if I'm understanding
5 you correctly, this is a printout from online
6 about the --

7 MR. PLATNER: Yes, they both are.

8 MR. KLEMM: -- rehab recidivism
9 rates and statistics?

10 And then, what I'm going to mark as
11 Platner-2 is another printout, The Rehab Industry
12 Needs to Clean Up It's Act, Here's How, by The
13 Influence.

14 (Exhibits Platner-1 and Platner-2
15 are marked for identification.)

16 MR. PLATNER: So the first article
17 deals with the fact that whatever statistics that
18 have been published are published on different
19 measures, and since there is no one metric that
20 anybody agrees on, some people say, well, gee,
21 you know, I scratched my back, and that relieves
22 my problem, and I'm cured.

23 And the second article deals with
24 the problems that exist in the industry. So if
25 the petitioner can convince you gentlemen that

1 they can do a perfect job in that location faster
2 than anybody else can, then do it.

3 I'm ready to give this microphone to
4 somebody else.

5 MR. KEMM: Thank you, sir. I just
6 wanted to make sure we got these marked and we
7 have them correct.

8 MR. PLATNER: Okay. Basically, my
9 points are two, and there's one more that I'd
10 like -- I can't speak to, because I wasn't
11 here -- and that is the numbers that are in the
12 business plan that sits behind this whole
13 thing -- I have no idea; perhaps you gentlemen
14 do -- how many patients they intend to see, how
15 many beds they intend to fill, how many people
16 are on their staff, where are those people going
17 to park, and how they're going to get to work,
18 because there already is a problem of traffic on
19 Ernston Road, and if there are 2 or 300 people a
20 day going in and out of Ernston Road, and there's
21 another 200 people in beds that are going to have
22 family visiting them, I believe the traffic
23 situation needs to be analyzed more than somebody
24 testified that it's okay.

25 Thank you very much. Good night.

1 (Audience applause.)

2 E L I A S M U H A M M A D, having
3 been duly sworn, testified as follows:

4 MR. KEMM: And please give us your
5 name, spell your last name.

6 MR. MUHAMMAD: My name is Elias
7 Muhammad, M-U-H-A-M-M-A-D. I currently live at
8 101 Woodlake Drive in Parlin section.

9 MR. KEMM: Thank you, sir. Please
10 continue.

11 MR. MUHAMMAD: I am a new resident
12 to this area, so I can't speak on -- I don't know
13 the politics of Parlin. I don't know the
14 politics of Middlesex County. But what I can
15 speak on, something that I do know, is
16 individuals that are addicted to drugs. I am a
17 major crimes detective in Plainfield, New Jersey.
18 I investigate homicides, shootings, and such.
19 Years prior to that, for several years, I was a
20 narcotics detective. I worked undercover.

21 If anyone is familiar with
22 investigations, in order to do narcotics work,
23 your lifeline is your informants. Your
24 informants are these people that are addicted to
25 drugs. So I had to spend a considerable amount

1 of time around these people. I had to dress like
2 them, live in their world for a little while.

3 And one thing that I can definitely
4 tell you -- I can't predict the future, but just
5 based on my training, my education, and my
6 personal experience with these people, people
7 that are addicted to these drugs, especially
8 heroin, being such a physical drug, I don't know
9 how the security is going to work in this place,
10 if it's going to be constantly locked down. But
11 if these individuals can get in and out when they
12 want to break into a car, they're going to walk
13 over to Harbortown. When they want to steal a
14 package, they're going to walk over to La Mer.
15 That's what they're going to do. And it's not so
16 much that they're horrible people, especially
17 when you talk about heroin, it's an extreme
18 physical addiction. It's going to force them to
19 do it. It's going to force them to do it. So
20 it's going to create a lot of problems that,
21 believe me, you don't want.

22 In Plainfield, we have a methadone
23 center in Plainfield. We found, from undercover
24 investigations, from sitting in the car, and we
25 found that the drug dealers would come to that

1 center and sit outside, and pick these people
2 off.

3 (Audience applause.)

4 MR. MUHAMMAD: Like I said, this is
5 the only thing that I can speak to, is that, if
6 you put that -- this rehabilitation center there,
7 it's going to bring all the problems that,
8 believe me, you do not want.

9 (Audience applause.)

10 MR. MUHAMMAD: Lastly, this has
11 nothing to do with the center, but there's a
12 really nice old lady standing in the back with
13 black hair. One of you young guys should get up
14 and give her your chair.

15 P A U L A G E R V A S I, having
16 been duly sworn, testified as follows:

17 MR. KEMM: Please give us your name,
18 spell your last.

19 MS. P. GERVASI: My name is Paula
20 Gervasi, G-E-R-V-A-S-I. I am a cemeterian and
21 family service counselor at Hollwood Memorial
22 Park and Cemetery.

23 MR. KEMM: And your address?

24 MS. P. GERVASI: 4 Leshyk Drive,
25 Parlin.

1 MR. KEMM: Thank you, please
2 continue.

3 MS. P. GERVASI: I am a family
4 service counselor and cemeterian at Hollwood
5 Memorial Park and Cemetery. I see too many over
6 doses in my cemetery, and I believe there is a
7 big epidemic that has to be stopped, and I
8 believe that this epidemic has to stop with the
9 people here. You have to watch out for our
10 children, and if you don't watch out for our
11 children, it's only going to get worse.

12 I am a single mom to an 11-year-old
13 child that goes to middle school. I know for a
14 fact there are drugs in middle school already.
15 This is unacceptable. It's more unacceptable to
16 keep a facility like this away from elderly, who
17 need that care, than somebody -- somebody who
18 chose -- chose to have this addiction.

19 I'm sorry, but I cannot freely, as a
20 single mom, think of my daughter walking my dog
21 in a place that I purchased with my hard-earned
22 days, to have somebody walk in and destroy my
23 life, or her life, or my community's life,
24 because I watched every single day --

25 (Audience applause.)

1 MS. P. GERVASI: -- there is not a
2 month that I have not laid down a drug overdosed
3 individual. Doesn't matter what age, 17, 61, 35.
4 The parents come in distraught, they come in with
5 their hearts broken. Yes, there's an epidemic,
6 yes, we need a place, but yes, it cannot be in
7 our community. It can be where that movie
8 theater was. It can be somewhere that's more
9 industrial, that we're not looking over our
10 shoulders while we're walking our dogs, or
11 walking through the park with our children.

12 EUGENE HARRIS, having
13 been duly sworn, testified as follows:

14 MR. KEMM: Please give us your name,
15 spell your last name.

16 MR. HARRIS: All right. My name is
17 Eugene Harris, last name H-A-R-R-I-S. I live at
18 5 Biesiada Court, Parlin.

19 Okay. I'm going to keep this brief.
20 I'm a former elementary and middle school
21 principal. I've been involved with -- I've been
22 shot at making a home visit, involving adults who
23 were under the influence of drugs and alcohol. I
24 have physically taken down a parent who came into
25 the building with a baseball bat, under the

1 influence of drugs. And as a former elementary
2 principal, I've also been involved in about a
3 four-and-a-half-hour lockdown, because of armed
4 intruders.

5 Living in the La Mer complex, and
6 being very close to the elementary school there,
7 I believe that -- I've seen it at both ends, I've
8 dealt with students who have been under the
9 influence of drugs and alcohol, had treatment;
10 dealt with parents the same. It is a disease,
11 and these individuals do need help, and I'm for
12 that.

13 My concern is, as an educator, still
14 an educator over 22 years, is that the proximity
15 of the proposed facility is just literally less
16 than a thousand yards away. And one of the
17 things, as a principal, that we're charged with,
18 is not only to educate children, but it's also to
19 provide a protection, and I've been directly
20 involved in protecting students.

21 So my concern is that I think the
22 borough is big enough, there's enough real
23 estate, that I believe that the borough does need
24 a facility, I think there are adequate
25 accommodations, but to place that in very close

1 proximity, within a thousand yards of an
2 elementary school, which has a lot of egress, has
3 a lot of access, and to be frank with you, other
4 than the police force, minimum security, because
5 of our good neighborhood, we have literally
6 dozens of family who simply walk to school from
7 the both complexes, I think it would present a
8 clear and present danger to the students at the
9 elementary school.

10 So from my point of view, as a
11 current educator, former elementary and middle
12 school principal, who has directly dealt with
13 these students, and dealt with adults who have
14 tried to trespass the building, I would say that
15 it's the wrong place and the wrong location.

16 Thank you.

17 (Audience applause.)

18 A L L A M B E R T, having been
19 duly sworn, testified as follows:

20 MR. KEMM: Please give us your name,
21 spell your last name.

22 MR. LAMBERT: My name is Al Lambert,
23 63 Prusakowski Boulevard here in Parlin. Spell
24 that one. It's a little test for you guys.

25 Most importantly, I don't know if

1 tonight you were going to put a stamp of approval
2 on this, and this was going to be effected
3 complete; I would suggest that you don't do that.
4 How many people in here?

5 (Audience applause.)

6 MR. LAMBERT: I think the lesson is
7 being sent. I'm a former special-ed teacher,
8 automobile business 54 years, and the
9 entertainment business 54 years. I lived on
10 Staten Island most of my life, and lived right
11 near a facility such as this, which now has a
12 very crime rate and a lot of trouble. I would
13 suggest to you, very, very importantly, to think
14 about your decision here.

15 The entire time the gentleman spoke,
16 about seven times he told us how severe and
17 serious the issue is. We all know that. We all
18 know that. Every one of us in the room, this has
19 touched us, our family, our friends, our
20 neighbors, and probably all of you too. So he
21 was driving that home; he didn't have to drive
22 that home. But he made us kind of -- a little
23 demeaning, because he made us feel that we
24 weren't for people who were disabled, and didn't
25 accuse us of it, but he did mention that several

1 times.

2 My concern is, I would have been
3 here the day they put the shovel in if I would
4 have known that this was -- this would have been
5 a drug facility. We were all under the
6 impression it was going to be a nursing home,
7 weren't we? Weren't we?

8 (Audience applause.)

9 MR. LAMBERT: Their logic was just
10 build it and we'll throw it in later. Did they
11 always intend to make this a drug facility?

12 Can you answer that, sir? No, you
13 can't answer that. I don't think so either.

14 (Audience applause.)

15 MR. LAMBERT: So the point is, I
16 think we were duped. We were duped. I would
17 have been here the day the shovel went in the
18 ground, had I known -- when this came about, I
19 said, you know something? There's a scheme here.
20 There's a scheme. It's build it, and they will
21 come. Well, they built it; we should not be
22 approving this. We are senior citizens -- I know
23 I don't look it -- but we have a senior citizen
24 community there, we have families there, we have
25 a school there.

1 And he mentioned the traffic. The
2 corner of Gondek and Ernston Road, you need a
3 traffic light there now.

4 (Audience applause.)

5 MR. LAMBERT: You want to add this,
6 and say that the traffic is good?

7 Do you drive there? Come on.

8 The point is, okay, everything about
9 this is wrong. Drugs, believe me, it's such a
10 sad situation. And the gentleman who spoke first
11 was extremely articulate and prepared, and he did
12 tremendous, and he was right. The fact that
13 everything about drugs is crime. Possession is
14 crime. To take it, even though they say that it
15 is not legal -- and I'm not a lawyer -- my son
16 is, but I am not -- the bottom line is, you take
17 it, that means you have possession, it's a crime.
18 You sell it, it's a crime.

19 There is nobody who will be living,
20 going in and out of there, except the employees,
21 that will not be involved with crime, because
22 that's what drug brings. And statistically,
23 sadly, the medical profession, in and of itself,
24 has one of the highest instances of drug
25 addiction. Okay? So what happens there is

1 access to, in hospitals, to drugs, et cetera.

2 Also adds to the entire criminal picture.

3 So I would just suggest -- you all
4 look like very intelligent people -- to think
5 about this before you put a stamp of approval.
6 And I suggest that we all know how to contact
7 them. They should be getting 780 e-mails a day,
8 so they won't forget that the community is not in
9 agreement with this. Bring it back to a nursing
10 home.

11 I realize the business aspect. I'm
12 a businessman. You can't put it by the movie
13 theater, that would cost another \$62,000,000.
14 I'm hip to that. But you can revert it back to a
15 nursing home, your client -- if you're not a
16 partner, your clients can rethink it, come up
17 with an idea, and do the nursing home idea, and
18 still be solvent, so no one has to lose any
19 money.

20 I thank you very much.

21 C A R M E N C A M P B E L L,
22 having been duly sworn, testified as follows:

23 MR. KEMM: Please give us your name,
24 spell your last name.

25 MS. CAMPBELL: Carmen Campbell, C-A

1 -M-P-B-E-L-L, I'm a resident of 1306 Harbour Club
2 Drive, which is right across from where the
3 facility is proposed to be built.

4 First of all, I want to say thank
5 you guys for having this tonight, and thanks to
6 my neighbors for showing up in numbers. I work
7 full time for the United Nations in New York, and
8 I commute every day, and I stand at the bus stop
9 which is right across from the proposed site.

10 In Harbour Club, we have over 400
11 residents. Right next to me is La Mer and
12 Camelot, and across from there is a school.

13 When I heard about this proposal
14 initially, it was supposed to be replacing the
15 nursing home. I consider this a bait and switch.

16 (Audience applause.)

17 MS. CAMPBELL: I don't want to
18 accuse the board or Sayreville of getting money
19 from this deal; however, my respect to the
20 attorney, I'm sure, where you live, you will not
21 want one of these accommodations --

22 (Audience applause.)

23 MS. CAMPBELL: -- you would not want
24 to live next to it.

25 I'm a single mother, and I bought

1 Harbour Club for my daughter and myself. She's
2 now 20 years old, in college, in her third year,
3 she went to Sayreville War Memorial High School,
4 and when I bought into Sayreville, I bought into
5 it because this was a home resident area. The
6 nursing home was there, which I also used to go
7 visit patients there myself, just to talk to the
8 women, cheer them up, because some of them did
9 not have family coming in. So when I heard about
10 this coming in, it was a great idea for us to
11 have the nursing home replaced, but not by a drug
12 facility.

13 Like the gentleman said earlier, it
14 would be great if they could put it out by where
15 the old theater is, that would be great, and I'm
16 sure you guys would support that.

17 (Audience applause.)

18 MS. CAMPBELL: However, as a
19 resident -- I mean, right now, La Mer is pulling
20 in new homes in La Mer, so there'll be more
21 people coming into the community. You can't even
22 cross the street there. Traffic -- this is a
23 residential community; not for a drug rehab
24 facility.

25 We pay our taxes, and I know you

1 guys are residents in this community as well. He
2 does not live here; neither does any member of
3 the board from the company he works with. And I
4 would like you guys to really consider this,
5 Maria, Thomas, all of you, consider this: We do
6 not want this facility in our community.

7 Thank you.

8 S C O T T T A B A C C O, having
9 been duly sworn, testified as follows:

10 MR. KEMM: Please give us your name,
11 spell your last name.

12 MR. TABACCO: Scott Tabacco,
13 T-A-B-A-C-C-O. I live at 98 Woodmere Drive,
14 Parlin. I live in La Mer.

15 First, I'd like to say that the
16 gentleman who spoke first was very eloquent. And
17 I don't think I'll do as good a job as him, but I
18 will be very brief.

19 In reference to what the lawyer was
20 saying about how everything is going to be
21 secure, and they have security and everything,
22 there's one thing, though, that I'm sure he
23 failed to mention, is that the treatment industry
24 is self-regulated. Right there, that tells you
25 everything that you need to know, as far as I'm

1 concerned. Self-regulated, they don't have to
2 worry about state regulations; they don't have to
3 worry about federal regulations. It's
4 self-regulating. They can have as many people in
5 there as they want.

6 Today, I downloaded a couple of
7 articles that was on the Huffington Post,
8 statnews.com as well, talking about places
9 becoming brothels, patients selling their drugs
10 for sex. I mean, this is what's going to happen.

11 The treatment center, as many people
12 have said, it's right across from Harbour Club.
13 The school is next door. Camelot is right across
14 from the school. La Mer is right there. And
15 then, behind the school, you have hundreds of
16 residential homes. To be putting a facility like
17 this so close to the school, as has been brought
18 up before, it's a drug free zone, they have drugs
19 in their -- as the cop also said, drug dealers
20 are going to be parked outside waiting for them
21 to come out.

22 This was not thought out well by
23 this board, if it plans to let this happen. I
24 think you guys have to really think about what
25 you're letting come into our community, and

1 where.

2 Thank you.

3 D A V I D B A R R, having been
4 duly sworn, testified as follows:

5 MR. KEMM: And please give us your
6 name, spell your last name.

7 MR. BARR: My name is David bar,
8 B-A-R-R, I'm from 115 Prusakowski Boulevard in
9 Parlin.

10 I'm relatively new to Parlin. I
11 recently moved from New York, where I was, for 20
12 years, a New York City police officer, and for 10
13 years a New York City Fireman.

14 (Audience applause.)

15 MR. BARR: The first thing a major
16 police department does when a facility like this
17 comes into the neighborhood is assign extra
18 police patrols and extra police vehicles at that
19 area. Is this board willing to spend that extra
20 money on extra police coverage for La Mer,
21 Spinnaker Pointe -- I don't know the name of the
22 other one, I'm sorry.

23 Also, if I may, if the board can
24 indulge me a moment, there's an article from the
25 August 2017 Boston Globe entitled Behind the

1 Luxury: Turmoil and Shoddy care Inside Five-Star
2 Treatment Centers. They're specifically speaking
3 about RCA facilities in Massachusetts --

4 (Audience applause.)

5 MR. BARR: -- where the patients --
6 it says in the article from the Boston Globe,
7 after interviewing employees, former employees,
8 state investigation documents from investigations
9 at this site say the staff complained repeatedly
10 to management that the -- that they were not able
11 to keep their patients safe. If they can't keep
12 their patients safe in their facility, how are we
13 going to be safe outside the facility?

14 (Audience applause.)

15 MR. BARR: It quotes one person as
16 saying that the patients have sex with each other
17 in the facility, and they don't have the manpower
18 to stop it in any way.

19 These facilities are not safe. Drug
20 rehab centers that use methadone, if they do not
21 see the patient take the methadone, it is sold
22 outside the facility. People will be selling
23 their, quote, recovery drugs on the streets 1,000
24 feet away from an intermediate school.

25 Thank you.

1 (Audience applause.)

2 R U T H A N N M A H O N E Y:

3 Having been duly sworn, testified as follows:

4 MR. KEMM: Please give us your name,
5 spell your last name.

6 MS. MAHONEY: Ruth Ann Mahoney,
7 M-A-H-O-N-E-Y, 2 Gerard Place, Parlin.

8 I live nowhere near where this
9 facility is proposed. My concern initially was
10 the school zone. Isn't it in what's supposed to
11 be a drug free school zone?

12 PUBLIC SPEAKER: Yeah.

13 MR. BARR: Wouldn't people going
14 there then be eligible for arrest, because
15 they're in a drug free school zone? I'm just
16 saying.

17 The nursing home was proposed. We
18 need a nursing home; yeah, we need drug rehab
19 too. But not in -- my concern is the school.
20 Biggest concern is the school. If people are
21 allowed to walk, and they're not in prison, so
22 they can leave here, they can walk to the school.
23 Children are naive, they'll believe what you tell
24 them. And there are children, as I'm sure we've
25 all read and heard, elementary school children,

1 who get hooked on drugs. They go to the middle
2 school and they're already hooked on drugs. This
3 just gives more access for our children to drugs.
4 It needs to be -- we need the rehab; not there,
5 not in a drug free school zone.

6 My husband, my son, are teachers for
7 long periods of time, high school. They see it
8 every day. It's sad.

9 I'd like to address our police. We
10 don't have enough police officers as it is in
11 Sayreville. That's a documented fact.

12 (Audience applause.)

13 MR. BARR: We're going to need many,
14 many more police officers, who then will put --
15 we're putting many, many more people at risk.

16 PUBLIC SPEAKER: And more taxes.

17 MR. BARR: And we need more police
18 officers as it is, and we're -- we would need
19 plenty, plenty more, and I'm sure they must
20 agree, but they can't right now.

21 (Audience applause.)

22 MR. BARR: This also brings to
23 mind -- I'm new at this, I've been coming to town
24 council meetings and so forth for a year -- the
25 building part of this, the builder involved,

1 although it's a different builder, reminds me of
2 what's happening with COAH and the builders
3 there. They're switching what their uses are.
4 PRIME property, as I understand, as the gentleman
5 said, is also for recreation. Who's going to go
6 recreate at the drug facility, or near it? Not
7 I, nor my children, although they're old.

8 There's got to be, and there is,
9 many other places in Sayreville that this could
10 go. I don't know where the gentleman's from, I
11 don't know if his town has one of these, but
12 would he be up here speaking for his town in
13 favor of it or against it? I don't know. But
14 please think of our children. That's all, just
15 our children. And keep them safe.

16 And if you want this, as a zoning
17 board, find another place, please.

18 Thank you.

19 (Audience applause.)

20 C H R I S T O P H E R H U N T E R,
21 having been duly sworn, testified as follows:

22 MR. KEMM: And please give us your
23 name, spell your last name.

24 MR. HUNTER: Christopher R. Hunter,
25 H-U-N-T-E-R. I live at 6 Fela Drive in La Mer.

1 I've been a resident of La Mer for
2 the past 21 years. During that time, I've seen
3 the community change in various ways. It's
4 grown. I want to be considered a rebuttal
5 witness to the statement that the lawyer made
6 earlier, that this is not a residential area.

7 I'd like to state for the record
8 that -- maybe members of this particular zoning
9 board, maybe you're not a member, but at the
10 time, when the Kaplan organization wanted to
11 expand La Mer, they put a proposal in front of
12 you to expand to 1,500 units. They've expanded
13 past that. It's very difficult to say that 1,500
14 units of single-family houses, rental properties,
15 condo properties, three or four pools, a track --
16 I don't know what else to say we have there --
17 but it's a nonresidential area. I don't know how
18 you define that, sir, quite frankly.

19 (Audience applause.)

20 MR. HUNTER: I want to be respectful
21 of this board's time and my colleagues behind me,
22 to say I've put three kids through the Eisenhower
23 School. It's a great school. It's been a safe
24 school. The families that have moved here for
25 the same benefit that I did -- I moved from

1 Brooklyn New York, someone talked a lot about
2 where they came from. Let me tell you, coming to
3 Sayreville to raise a family was the best thing
4 I've ever done. I'd like to see that continue.

5 Thank you for your time.

6 (Audience applause.)

7 A L P I L L A R, having been duly
8 sworn, testified as follows:

9 MR. KEMM: Give us your name, spell
10 your last name.

11 MR. PILLAR: My name is Al Pillar,
12 P-I-L-L-A-R.

13 MR. KEMM: And your address, sir?

14 MR. PILLAR: 251 Morgan Avenue,
15 Morgan.

16 So my family's been here for about
17 104 years.

18 (Audience applause.)

19 MR. PILLAR: And over the years,
20 I've watched my town really go the wrong
21 direction. And not to single any of you, the
22 past boards, but I don't think -- I don't think
23 you have my best interests at heart. The folks
24 sitting behind me who I don't know I think have
25 my back.

1 You know, I watched this zoning
2 board approve not one, but two massage parlors,
3 one adult bookstore, one hourly hotel, two go-go
4 bars, and you let that happen. It happens -- the
5 massage parlors and the bookstore on Morgan,
6 that's right, this property sits in Morgan --
7 it's residential.

8 And, you know, Old View (sic)
9 Nursing Home to my heart. That was my first job
10 in high school, I washed dishes there. And I
11 have an elder grandmother, and she's headed
12 toward a nursing home, and what you're telling me
13 is, for me to get my grandmother in this
14 facility, I have to get her addicted to cocaine.
15 That's what it comes down to.

16 My other comment is, can we take
17 those 700 beds and put it toward our affordable
18 housing bill we have? This is crazy.

19 I tried to do some research on this
20 corporation. Is it a corporation? Is it a
21 company? an LLC? I couldn't find out too much
22 about these folks. I don't know. Will you
23 answer questions if I ask you question, or I'm
24 only allowed to speak?

25 MR. KEMM: It's for comments. If

1 you have questions for the applicant, you can
2 certainly ask the applicant --

3 MR. PILLAR: It's actually for the
4 board.

5 MR. KEMM: The board does not answer
6 questions.

7 (Audience interruption.)

8 MR. KEMM: That's not the legal
9 jurisdiction of the board. The board is here to
10 hear the record made by the applicant and by the
11 public.

12 MR. PILLAR: I got it.

13 Is the applicant the original
14 permit-holder of the property?

15 MR. KEMM: They'll have a chance to
16 respond. Just ask the questions, and when they
17 respond, they can answer them.

18 MR. PILLAR: Okay. I find it
19 concerning too that this facility, like many
20 other facilities in Sayreville, has taken oh so
21 long to build. Okay? Because I think you -- I
22 think we've been hoodwinked on this. Okay?

23 And I think, in my opinion, this is
24 a done deal, this is all a formality, we're
25 trying to fight these people --

1 (Audience interruption.)

2 MR. PILLAR: I hope not.

3 PUBLIC SPEAKER: When is the final
4 vote for this? We don't know.

5 (Audience interruption.)

6 MR. PILLAR: Let me continue. Let
7 me continue.

8 I hope I'm wrong, but my past
9 experiences, been here a long time, you know,
10 we're trying to fight these folks emotionally.
11 The only way you fight these people is legally.
12 I don't know if we're prepared to do that.

13 PUBLIC SPEAKER: Yes, we are.

14 MR. PILLAR: I'm not in favor of
15 suing myself or the Borough of Sayreville, but
16 this is insane.

17 Thank you.

18 J O H N B A R T L I N S K I,
19 having been duly sworn, testified as follows:

20 MR. KEMM: Please give us your name,
21 spell your last name.

22 MR. BARTLINSKI: John Bartlinski,
23 B-A-R-T-L-I-N-S-K-I.

24 MR. KEMM: And you address, sir?

25 MR. BARTLINSKI: 5 Grand Street in

1 the Morgan section of Sayreville.

2 MR. KEMM: Thank you, sir, please
3 continue.

4 MR. BARTLINSKI: I'm not here as
5 long as the gentleman in front of me. I'll be
6 57; 56 years I'm in the borough of Sayreville.
7 I'm a Morgan fireman, did 20 years as a -- became
8 a life member; since 1981 I've been involved with
9 them. I raised my family in Sayreville; they
10 still live in Sayreville, both of my sons bought
11 homes in this town.

12 I also chose to have a career in the
13 borough of Sayreville. I'm very proud of my
14 town. I love my town. Okay?

15 Yes, we have a problem. Addiction
16 is running wild. We can't turn our back on it
17 any longer. There -- we have to meet it head on;
18 however -- and excuse me for having to go to my
19 notes -- the attorney mentioned before, we have
20 to make reasonable accomodation. Is that what
21 you said, sir? Can you -- please, let's not play
22 games.

23 MR. HIMELMAN: Yes.

24 MR. BARTLINSKI: Reasonable
25 accommodations, and I understand that, and I

1 agree with you, but it's an unreasonable location
2 for reasonable accomodation.

3 Years ago, in the city of South
4 Amboy, Strathmore Clinic came in and wanted to
5 open a methadone clinic, and if I remember
6 correctly, it was on the site of the old My
7 Wife's Place go-go bar, the California Motel
8 area, which is now a senior housing development.
9 The City of South Amboy, through their people,
10 through negotiations with Strathmore, put this
11 clinic down on Lower Main Street. And why is
12 that? Because Strathmore did the right thing.

13 Do the right thing. I have no
14 problem with a clinic coming into my town. It's
15 needed. It's needed. I question certain things
16 about it that, that I will get into it. That
17 location is not conducive to what you want to put
18 there. You've got a grammar school, K to 3, in
19 less than a thousand feet as the crow flies from
20 that location. That's not necessary. Okay?

21 There's a big recidivism with that.
22 It's a disease, it's a sickness, I understand
23 that. Okay? But where there's a will, there's a
24 way. Where there's a need, this need must be
25 fulfilled. Like someone said before, we're going

1 to go take packages, we're going to -- and it's
2 not all of them. I'm not worried about all of
3 the addicts; it's the certain few that we have to
4 concern ourselves with.

5 This corporation has got a less than
6 stellar track record.

7 (Audience applause.)

8 MR. BARTLINSKI: Less than stellar.
9 The parent company of this corporation is just as
10 good. Look at The Pointe, and that's the parent
11 company. Is it not? Is this O'Neill Properties
12 involved with this? Because everything I read in
13 the newspaper or read on Google said it was. Is
14 it?

15 MR. HIMELMAN: Legally, no.

16 MR. BARTLINSKI: Legally no, but
17 O'Neill is involved. Correct? It's a
18 subsidiary.

19 MR. HIMELMAN: Don't worry about it.

20 MR. BARTLINSKI: No, I'm worried
21 about it. Is it or is it not?

22 MR. HIMELMAN: Address the board.

23 MR. BARTLINSKI: They said I can ask
24 you questions.

25 MR. HIMELMAN: I'm not going to

1 answer.

2 MR. BARTLINSKI: See, already, you
3 don't want to answer questions. So guess what?
4 Damaged bill of goods. This is what you're
5 trying to give us.

6 Folks, they got approval for a
7 nursing home, a nursing home that we need. Okay?
8 And I don't remember where I seen the numbers,
9 but I believe it's, like, a 4.1 margin of addicts
10 needing places to go, and a 10 point something
11 with seniors needing someplace to go. So who
12 needs it more? Who needs it more?

13 Another thing -- and I really don't
14 want to take the whole night up on this -- I know
15 people who have dealt with what happens here.
16 I've buried friends' children. I've been on
17 numerous -- some people know why I'm involved and
18 how. Okay? One of the things most important
19 with recovery is you have to get away from what
20 you're doing. You need a change of scenery. You
21 cannot go back to where you were. So how can a
22 kid that lives on Weber Avenue in Sayreville,
23 who's addicted to drugs, go to someplace in
24 Sayreville? It's not a new location. It's not
25 new scenery. It's the same place. It's a

1 10-minute ride away.

2 You're going to mix inpatient with
3 outpatient. Outpatient can bring drugs in, give
4 them to the inpatients.

5 Can the inpatient people leave when
6 they want? Sir?

7 I'm going to leave it at this -- and
8 we can see right now from tonight, they'll answer
9 questions, but they don't want to answer
10 questions when you paint them into a corner.
11 Yes, we need something. Does Sayreville need it?
12 Maybe Sayreville doesn't need it, but the people
13 need it. We need a place for rehab.

14 Do the right thing. Okay? They're
15 saying that we can't discriminate. I also
16 understand -- if you'll answer this -- that if
17 you don't have insurance or cash, you're not
18 taking people in. Are you going to take charity
19 care? Are you going to take medicaid and
20 medicare?

21 MR. CAMPBELL: Yes. If you were
22 here before, you heard that. We've done all that
23 in the past.

24 MR. BARTLINSKI: All they're saying,
25 if we can't discriminate, how can they? Are

1 Sayreville people going to get first preference?

2 There's a lot here. I really think
3 this is a big mistake. If you approve this --

4 PUBLIC SPEAKER: They should
5 postpone the approval. They should not vote
6 tonight.

7 MR. BARTLINSKI: They should not --
8 again, this was put through to this board as a
9 nursing home that's desperately needed. And,
10 again, you want to put a rehab in, that's fine,
11 put it by the cinema, put it out on Jernee Mill
12 Road, put it out on Bordentown Avenue, where it's
13 not affecting residential areas.

14 Thank you.

15 (Audience applause.)

16 G E O R G E P O D O L A K, having
17 been duly sworn, testified as follows:

18 MR. KEMM: Thank you, sir. Please
19 give us your name, spell your last name.

20 MR. PODOLAK: My name is George
21 Podolak, that's P-O-D-O-L-A-K. My address is 48
22 Scott, S-C-O-T-T, Avenue, the Melrose section.

23 I'm new to Melrose, I'm only here 76
24 years. Where they want to put this additional
25 drug rehabilitation is where an old movie used to

1 be, the drive-in. Within walking distance, as
2 Mr. Bartlinski said, South Amboy put a methadone
3 clinic right on the South Amboy, Melrose -- which
4 is Sayreville, not South Amboy -- borderline.
5 You could walk from one to the other. And there
6 are times when people are coming from Perth Amboy
7 with scrap metal, they stop at Beacon Metal to
8 make a stop, they go to the methadone clinic, do
9 what they have to do.

10 Please, Venetian, I understand, has
11 a waiting list for elderly. We have elderly in
12 this borough. I'm getting up there myself. I
13 hope I never need it, but where am I going to go
14 if you give me a drug clinic?

15 Yes, they have problems, but a lot
16 of it is because they get additional
17 prescriptions, get after the doctors. Okay? Not
18 the people. All right?

19 And don't -- how would you say, when
20 you initiated the application, it was for a
21 nursing home, which means for elderly people, not
22 for drug addicts. You're changing the horse in
23 the middle of the race. Don't give us that.
24 Don't give us the political two-step. You're
25 dancing around the issue. Keep it a nursing

1 home.

2 Thank you very much.

3 (Audience applause.)

4 G A R Y S Z A M R E T A, having
5 been duly sworn, testified as follows:

6 MR. KEMM: Please give us your name,
7 spell your last name.

8 MR. SZAMRETA: Gary Szamreta,
9 S-Z-A-M-R-E-T-A, 55 Fela Terrace, Parlin, New
10 Jersey.

11 I live in the Oak Tree development
12 behind Eisenhower school. I'm in the borough for
13 30 years. I many in-laws have been here for over
14 50 years, before they passed on recently.

15 My wife and I, our last five years,
16 have gone through a lot with nursing homes, and
17 having close relatives in and out of facilities,
18 and it's really -- if our eyes weren't open
19 before, really opened our eyes to the need for
20 such facilities here in Sayreville. We found
21 ourselves, to get quality care, having to go at
22 least a half hour away from Sayreville, which
23 took a lot of time out of our days, and our
24 family's days, to try and visit our relatives.
25 And I'm sure most people in this room, and in the

1 whole community, are having to go through the
2 same thing. So the need is going to get more and
3 more exaggerating over time, as the baby boomer
4 generation gets older.

5 What I know about Eisenhower School,
6 and that area that we're talking about, when my
7 children went there, one of the things that they
8 would do, with the Girl Scouts and with
9 Eisenhower School, is the children would go over
10 to the facility there and entertain the older
11 people. The older people really appreciated it.
12 The children got to meet with some good role
13 models that had been in the community for a
14 number of years, and it helped the community in
15 general. So, now, there's a situation where we
16 had the Sayreville I remember, it was win, win,
17 win, all around. Why can't we do something like
18 that now?

19 PUBLIC SPEAKER: That's beneficial
20 use.

21 MR. PODOLAK: That's beneficial use
22 to the third power.

23 One of the gentlemen that came up
24 here earlier referenced this Boston Globe
25 article, which was, I think, reprinted or

1 summarized by the Huffington Post. I read that
2 about a week ago, and I refreshed my memory when
3 I was coming here tonight to read it. And did
4 somebody put that into the record, that article?
5 Is there a copy of that in, the Boston Globe
6 article?

7 PUBLIC SPEAKER: Yeah.

8 MR. PODOLAK: For those of you that
9 haven't read that, go online, just Google RCA,
10 and it'll be one of the first things that comes
11 up, and read that article. It's a few pages.
12 It's definitely worth it.

13 PUBLIC SPEAKER: Give it to them.

14 MR. PODOLAK: They said they had it.

15 MR. KEMM: We do have a copy in the
16 record.

17 PUBLIC SPEAKER: Read it out loud.

18 MR. PODOLAK: Well, I'm not sure
19 that's -- but I'll tell you, when I read it, it
20 really opened my eyes; there was steam coming out
21 of my ears. It talked about the total
22 mismanagement of the facility in Danbridge,
23 Massachusetts. It talked about some of the
24 things that were mentioned earlier.

25 But the article ended by saying this

1 was sold as a community-based center, and what
2 the investigation by the Boston Globe showed was
3 that there were no roots, there were no roots at
4 all in the community with this center. They had
5 aggressive sales teams, profit is their ultimate
6 motive, and they don't know how to manage these
7 facilities. The reason why the Boston Globe
8 started the investigation, the way I read the
9 article, was that there were deaths happening
10 within, it was becoming a brothel, and some of
11 the things you heard earlier, and I won't
12 reiterate that.

13 But it ended with a sentence that
14 really put and, I think, summed it up well. It
15 said that they prey on the vulnerable people and
16 the families of the people going to the facility,
17 who they constantly recycle through, and make
18 money on these folks. Okay?

19 So if half of what I read in that
20 article is true, I would be embarrassed if I was
21 RCA, to even put an application in any community,
22 until you got your act together.

23 (Audience applause.)

24 N I K U N J K U M A R P A T E L,
25 having been duly sworn, testified as follows:

1 MR. KEMM: Please give us your name,
2 spell your last name.

3 MR. PATEL: My first name is Kunj,
4 last name Patel. I live in 7 Biesiada in La Mer.

5 MR. KEMM: Spell your last name for
6 us.

7 MR. PATEL: Patel, P-A-T-E-L.

8 MR. KEMM: Thank you, sir, please
9 continue.

10 MR. PATEL: I think the residents of
11 Sayreville have done a fantastic job today coming
12 out in a huge crowd. This is my first meeting
13 I'm coming down. I think, if we had known there
14 were previous two meetings, I think this crowd
15 would have been three times bigger.

16 (Audience applause.)

17 MR. PATEL: I'm going to keep it
18 very simple and short. I have two young
19 daughters, so yesterday I told my house and my
20 wife that, okay, I have to go to a town hall
21 today. So my 11-year-old asked, what is a drug
22 rehab center. I think I have done enough
23 explanations driving down 35, what those clubs
24 are; now I have to explain to them what drug
25 rehab means now. Right? I think I'm going to

1 have THE conversation at a later age, but I don't
2 think that's a suitable conversation for an
3 11-year-old. Right?

4 So I think, all in all, we all agree
5 there is a need for a rehab, but not in that
6 location.

7 PUBLIC SPEAKER: Not in my town.

8 MR. PATEL: So I don't know if we're
9 going to go to a vote or not, but this community
10 strongly is against that location.

11 (Audience applause.)

12 MR. PATEL: And as a resident of
13 Sayreville, as a taxpayer of Sayreville, I think
14 it's not only urge, but I think it's our right to
15 do the right thing. Right? If we have to take a
16 legal route, we will all go the legal route.

17 That's all.

18 CHAIRMAN GREEN: Is there anybody
19 else from the public who wishes to speak?

20 M I C H A E L M U R R A Y, having
21 been duly sworn, testified as follows:

22 MR. KEMM: Please give us your name,
23 spell your last name.

24 MR. MURRAY: My name is Michael
25 Murray, 69 Buchanan Avenue, in President Park.

1 MR. KEMM: Spell your last name,
2 please.

3 MR. MURRAY: M-U-R-R-A-Y.

4 MR. KEMM: Thank you, please
5 continue.

6 MR. MURRAY: I get a little
7 emotional.

8 I've lived here for 42 years. I
9 came from New York. I came from New York to my
10 kids to grow up in a drug free area. That was 42
11 years ago. My children have gone to the schools;
12 as a matter of fact, both of them graduated from
13 the school we're talking about. One is -- thank
14 God, is a school teacher today, and the other one
15 works in Sayreville also. They both live in
16 Sayreville, as I do.

17 What I want to say is, the legal
18 representative was very elaborate about the war
19 on drugs, and I don't think anybody in this room
20 has denied that. What everybody is saying
21 about -- they're not talking about the war on
22 drugs, they're talking about the location. And
23 the fact -- not saying that this was -- is a
24 nonresidential area. I don't know, it's a
25 residential area -- I've lived on Ernston Road

1 for 27 years, it seemed residential then, and it
2 certainly is more now.

3 But, again, what I will do is say my
4 personal experience. The gentleman's talking
5 about the war on drugs. I've been blessed to be
6 in recovery for 32 years. Okay?

7 (Audience applause.)

8 MR. MURRAY: And the idea is to make
9 my children safe, and I want my grandchildren
10 safe, and all anybody here is asking is to change
11 the damn location. Stop making it about the
12 dollar.

13 Thank you.

14 F R A N C E S C A G E R V A S I,
15 having been duly sworn, testified as follows:

16 MR. KEMM: Please give us your name.

17 MS. F. GERVASI: My name is
18 Francesca Gervasi, G-E-R-V-A-S-I.

19 MR. KEMM: And that was your mom
20 that was up before?

21 MS. F. GERVASI: Yeah.

22 MR. KEMM: Okay. Go ahead. Tell us
23 what you have to say.

24 MS. F. GERVASI: For there to be,
25 like, a rehab center right next to schools, it's

1 really scary, because you don't know what they
2 could do. And yes, they need help, but they --
3 drugs can, like, make you crazy in the mind
4 sometimes. So we don't want anyone robbing our
5 communities or houses, or us being scared to walk
6 our dogs, or go to the park, like my mom said.
7 And I just think that it should be in a different
8 location, so we don't have to be scared to do
9 things normally, like, that we do every day.

10 (Audience applause.)

11 Q A D I R A I S M A I L, having
12 been duly sworn, testified as follows:

13 MR. KEMM: Please give us your name,
14 spell your last name.

15 MS. ISMAIL: My name is Qadira
16 Ismail, my last name is spelled I-S-M-A-I-L.

17 MR. KEMM: Thank you. Go ahead, say
18 what you have to say.

19 MS. ISMAIL: I just wanted to say
20 that I think it's a little scary that rehab
21 centers are being built, like, by schools,
22 because if kids are walking home from school, or
23 from the bus stops, and something bad happens, I
24 mean, it's a hazard, and it's really scary.

25 MR. KEMM: Thank you for coming out.

1 (Audience applause.)

2 CHAIRMAN GREEN: Is there anyone
3 else from the public who wishes to speak at this
4 time? Would you please step forward?

5 G E R A L D I N E

6 B E N N I N G T O N, having been duly sworn,
7 testified as follows:

8 MR. KEMM: Please give us your name,
9 spell your last name.

10 MS. BENNINGTON: Gerry Bennington,
11 B-E-N-N-I-N-G-T-O-N.

12 MR. KEMM: And your address, please?

13 MS. BENNINGTON: Sand Castle Court.

14 MR. KEMM: Thank you. Please
15 continue.

16 MS. BENNINGTON: I just want to
17 reiterate what everyone else said, that I think
18 it's a very dangerous facility to have in the
19 area. I understand people with addiction, we
20 have it in our family, and close friends; I've
21 lost sons to suicide from drugs.

22 I'd like to know, we will need more
23 police, who is going to pay for that. Are taxes
24 going to go up? What happens to the resale value
25 of our home? Who's going to buy our home when

1 there's a drug facility up the street?

2 And the kids, I mean, there's a
3 school right next door. Who's going to be
4 responsible if one of the -- something happens to
5 one of these kids, or somebody gets injured by
6 one of these clients, patients, at this facility?
7 If they break into a home, rape, murder somebody,
8 rob? Who's responsible, all of you? Is it going
9 to be on your head for allowing this to happen?

10 People are showing we don't want it.
11 It's not the place for this facility. It's a
12 residential area. These are homes. Our kids go
13 to school here. It's not the place. Put it
14 someplace in an industrial area, where these
15 patients and the people that have to go visit
16 them go out, and they're not tying up the
17 streets, and bringing more drugs or crime to the
18 area. We have enough.

19 Our taxes are high enough. The
20 resale value of our homes are going down as it
21 is. If you have this in the area, we're getting
22 nothing. It's not fair to the people of
23 Sayreville to have it where this is proposed to
24 be.

25 The elderly need a place to go.

1 PUBLIC SPEAKER: That's right, yes.

2 MS. BENNINGTON: I'm right there
3 with them, it's going to be a couple years.
4 Where am I going to go? There's one place, the
5 Venetian. They tore down the other place. It
6 was supposed to be a nursing home. Keep it to
7 what it was supposed to be. Think of the people
8 in this community; not the money. Greed runs
9 everything. You have to have a conscience. You
10 can't do this to people. It's wrong. It's just
11 wrong.

12 Thank you.

13 (Audience applause.)

14 CHAIRMAN GREEN: Anyone else wish to
15 speak in reference to this application? Please
16 come forward. Is there anyone else from the
17 public who wishes to speak on this application?

18 E L I A S C I U D A D, having been
19 duly sworn, testified as follows:

20 MR. KEMM: Please give us your name,
21 spell your last name.

22 MR. CIUDAD: Elias Ciudad, last name
23 is spelled C-I-U-D-A-D.

24 MR. KEMM: And your address, please?

25 MR. CIUDAD: 25 Scheid Drive,

1 Parlin, New Jersey.

2 MR. KEMM: Thank you, please
3 continue.

4 MR. CIUDAD: I'm happy that, today,
5 you have restructured yourself, or the board
6 restructured yourself. And I can see you have
7 pretty good people, you've got councilman, but
8 today you were told you must approve this, you
9 must do that, and I can see how you feel how
10 something gets shoved down your throat.

11 So with all the expertise and all
12 the knowledge, and the bases that you have, what
13 are you going to do about it? How are you going
14 to act?

15 That's all I have tonight. Thank
16 you.

17 MR. LIEBERMAN: My name is Paul
18 Liberman, I was sworn in last week.

19 I know you asked people not to talk,
20 but I just have one --

21 MR. KEMM: You understand you're
22 still under oath?

23 MR. LIBERMAN: I'm still under oath.
24 My name is Paul Lieberman, I'm at 24 Wlodarczyk
25 Place, Parlin, New Jersey.

1 MR. KEMM: Thank you, Mr. Lieberman.

2 MR. LIBERMAN: I've been living in
3 this town for 12 years. First home I looked at
4 was the first home I bought. But I need every
5 single one of you here, I don't care if you just
6 state your name and address, tell them you don't
7 want this here. I need you all to do this, but
8 we need you to come up here and say it. You've
9 got to come up, state your name, tell them we
10 don't want this here.

11 MS. ROM: My name is lease roam --

12 MR. KEMM: Wait, one person at a
13 time. Please give us.

14 (Audience interruption.)

15 L I S A R O M, having been duly
16 sworn, testified as follows:

17 MR. KEMM: You need the
18 microphone -- give us your name, and spell your
19 last name.

20 MS. ROM: My name is Lisa Rom,
21 R-O-M. I live at 121 Woodmere Drive, Parlin, New
22 Jersey, for many years. I'm from New York.

23 I'm very upset, disgusted, and just
24 very sad. My mother was in that nursing home for
25 three and a half years. She died, and now my

1 dad, 88, lives with me. He walks my little dog
2 Lola every day, and he now won't be able to,
3 because we're going to be living in fear.

4 My dad also will be needing a
5 nursing home in a few months, and we thought he
6 would go there. Now what? When my mother was in
7 the home, we would go -- he would go every day,
8 and if you don't believe me, ask anyone who
9 worked there. Every day, he went to see my
10 mother, and I went every other day, and every
11 weekend. Now, I've got to pass that area and be
12 scared out of my wits.

13 My development, particularly my
14 street, the cop in the room might be well aware,
15 has enough problems with some crazy acts that go
16 on, just with residents. Now we're going to have
17 drug addict things, and it's going to just be
18 horrible.

19 But having said that, I really have
20 sympathy for people addicted to drugs, because
21 two of my cousins were. One beat it, and one is
22 still an addict. She is 55 years old. I don't
23 know how she's still alive. My aunt, her mother,
24 lived in La Mer. Would not let her daughter come
25 to La Mer, because in the past she robbed my

1 aunt, her blood, her mother. My aunt had to
2 practice tough love. I wanted to send her a
3 Christmas card. My aunt would not allow me --
4 she wouldn't give my address, because of fear.

5 These people are not acting in their
6 right mind. They might not want to hurt you, but
7 they do. And I'm a nervous person to begin with.
8 I have a lot going on. I enjoy Sayreville, but
9 I'm sick, I can't sleep. I work in a law
10 department at Johnson & Johnson in New Brunswick.
11 I'm a respectful person, I try to look at both
12 sides of the spectrum, but this is absolutely,
13 positively, without a doubt, the wrongest
14 decision the borough of Sayreville can make. And
15 I really urge, beg, plead, and pray to God that
16 you do the right thing for us.

17 Thank you very much.

18 (Audience applause.)

19 R E Y N E Q U A C K E N B U S H,
20 having been duly sworn, testified as follows:

21 MR. KEMM: Please give us your name.

22 MS. QUACKENBUSH: Reyne Quackenbush,
23 87 Harding avenue, Parlin.

24 MR. KEMM: Spell your last name.

25 MS. QUACKENBUSH:

1 Q-U-A-C-K-E-N-B-U-S-H.

2 The people -- I am so proud of my
3 town this evening.

4 (Audience applause.)

5 MS. QUACKENBUSH: -- and everybody
6 showing up here, coming out to support.

7 We are compassionate people, and we
8 care about the community. It is the wrong
9 location.

10 I agree with what has been said
11 before, we do need a facility for our seniors.

12 That's all I'll say. I am
13 completely against the location of this facility.
14 Completely, 110 percent against it.

15 Thank you.

16 L O R R A I N E V A G L I O,
17 having been duly sworn, testified as follows:

18 MR. KEMM: Please give us your name,
19 spell your last name.

20 MS. VAGLIO: My name is Lorraine
21 Vaglio, V-A-G-L-I-O. I live at 123 Woodmere
22 Drive in Sayreville.

23 As a registered nurse for 40 years
24 already, I am fully aware of the drug epidemic
25 that we're facing, and I am fully respectful of

1 the need -- the desperate need for rehab
2 facilities and treatment for these patients. I
3 think everybody that has spoken before me has
4 spoken eloquently about our concerns,
5 particularly for the safety concerns involved,
6 for our children, for ourselves, for our parents,
7 and for the residential area, that it is being
8 proposed to be opened in.

9 I just wanted to put my name on the
10 record. I ask you please, do not approve this.

11 Thank you.

12 MS. BARTOLOTTI: Kathleen
13 Bartolotti, B-A-R-T-O-L-O-T-T-I.

14 K A T H L E E N
15 B A R T O L O T T I, having been duly sworn,
16 testified as follows:

17 MR. KEMM: Please give us your
18 address.

19 MS. BARTOLOTTI: 2502 Ridgeview
20 Court, I'm in La Mer.

21 MR. KEMM: Please continue.

22 A. Moved to Le Mer 21 years ago from
23 Brooklyn, wanted to get my daughter out of
24 Brooklyn because of the influx of drugs and
25 crime. And I was very happy, she graduated,

1 she's a teacher with her master's degree.

2 But I'm concerned, I put 21 years,
3 worked my butt off to keep paying a mortgage as
4 a single woman, and I'm worried about my
5 property values. I'm worried about the location
6 being so close to the schools.

7 This gentleman made it seem like
8 it's Sayreville's responsibility to rehabilitate
9 drug addicts. Well, why doesn't Sayreville put
10 more resources into the school system to educate
11 children, and get it -- nip it in the bud.

12 (Audience applause.)

13 MS. BARTOLOTTI: Children need to be
14 more educated on drugs, and what it could do, and
15 how it can tear families and lives apart. I've
16 seen it, I lost a lot of friends when I lived in
17 Brooklyn, and I beg you gentlemen, put your
18 resources somewhere else, don't allow this in a
19 residential neighborhood, and near a school.
20 Teach the children to stay away from drugs.

21 Thank you.

22 L E N O R E L A M B E R T, having
23 been duly sworn, testified as follows:

24 MR. KEMM: Please give us your name,
25 spell your last name.

1 MS. LAMBERT: My name is Lenore
2 Lambert, L-A-M-B-E-R-T. I live at 63 Prusakowski
3 Boulevard.

4 I just would like to say that I
5 enjoy living in Sayreville. I'm not originally
6 from here, but I've been here for the last five
7 years. I have raised a daughter with autism, and
8 it scares me to think that I protect her every
9 day, now 25 years old, trying to make it in this
10 world, and have the fear that she walks around
11 with the headphones in here ears, in our
12 development, and listens to music, and learns,
13 and goes to Kean University as a part-time
14 student, works at PetSmart as a part-time
15 employee, to get a life, and it scares me to
16 think that she's going to have these things in
17 her ears listening to music, and somebody could
18 scare her for the rest of her life; put her in a
19 position that she's not able to help herself.

20 We know that you all have lives out
21 of these chairs, but let me tell you that, until
22 something comes and hits you, that's when it
23 affects you, and that's when you start to
24 realize, maybe I shouldn't have been so harsh and
25 so quick to make a decision. I think of every

1 decision and everything I do every day.

2 I work in a high school, and the
3 high school that I work in is not in this town,
4 but it is in New Jersey, and it is a tough town,
5 and those children have -- have needs, and they
6 learn from their teachers and they learn from the
7 staff, because sometimes they cannot learn from
8 their parents, because they are addicted. But
9 that addiction, and putting a rehab center here
10 to help them, isn't going to help them, it's
11 going to hurt them. They need to know how not to
12 take drugs, how not to become what their parents
13 have become.

14 I have my mom here, who I moved here
15 with me several years ago, in my development,
16 because I don't want her to be alone, because she
17 is getting older. And if that was a nursing home
18 that could help her at some point, or me some
19 day, because I'm not -- I'm getting old -- that's
20 the decision you on the board should be thinking
21 about, helping our community, listening to all
22 the people that are here, that are asking you for
23 your help. That's what we want.

24 This man, thankfully, he's probably
25 a very good lawyer, knows what he's doing and

1 saying, and I'm sure when he leaves here he has a
2 heart, but as an attorney in a courtroom, his
3 heart is cold. It's about the dollar and it's
4 about his win. Please don't let him win.

5 L I N D A D A R K I N S, having
6 been duly sworn, testified as follows:

7 MR. KEMM: Please give us your name,
8 spell your last name.

9 MS. DARKINS: Linda A. Darkins,
10 D-A-R-K-I-N-S.

11 MR. KEMM: And your address, please?

12 MS. DARKINS: 56 Fela Drive, Parlin,
13 New Jersey.

14 MR. KEMM: Thank you, please
15 continue.

16 MS. DARKINS: I'm going to be very
17 brief. I actually used to visit a nursing home
18 across the street from Harbour Club, it was
19 called Briarwood, and they -- when they decided
20 to close it and move the residents, and they
21 moved them to the Venetian, I actually visited
22 the nursing home, I visited both once a month,
23 from my church.

24 I think the community definitely
25 needs a nursing home. I agree with everyone that

1 went before me, individuals that are drugs and
2 rehab patients need it, but the location where
3 Briarwood used to be is not conducive for that,
4 because, as everyone has said before me, we have
5 the elementary school next to it.

6 I live in La Mer, right across from
7 it. There is a big concern, La Mer is totally
8 open, any -- it's open not only to car traffic,
9 but walking, you can walk in anywhere into La
10 Mer, and the same thing with Harbour Club and the
11 other communities. We're not saying that those
12 individuals, all of them, will commit crimes, but
13 we know, from what people have said also, that if
14 there's a need, they're going to need to fill it,
15 and they're going to fill it where they're
16 closest to.

17 So please, I'm only here to put my
18 name down on the record, and I'm here to say
19 that, yes, we do need a rehab center, but we do
20 not need it where Harbour Club used to be --
21 where Briarwood used to be, nursing home. We do
22 need a nursing home.

23 Thank you.

24 A L E J A N D R A B U S T O S,
25 having been duly sworn, testified as follows:

1 MR. KEMM: And please give us your
2 name, spell your last name.

3 MS. BUSTOS: My name is Alejandra
4 Bustos, B-U-S-T-O-S. I live at 61 Nathan
5 Boulevard in Parlin, the La Mer community. I've
6 been here for about 20 years now, and I live with
7 my mother.

8 I previously lived in Massachusetts,
9 where there was a big drug issue, which is why
10 she moved me here, because it was a family --
11 it's a family town over here, and here, the
12 neighbors help the neighbors. If you ever have
13 an issue, they're here to help you.

14 It's not an appropriate area to
15 have -- I agree that we do need a drug
16 rehabilitation center, but that would not be the
17 appropriate place for it to be. We desperately
18 do need a nursing home.

19 Thanks.

20 CHAIRMAN GREEN: Ma'am, one second.

21 Stenographer, do you need a break?

22 M A R Y C I B E L L I, having been
23 duly sworn, testified as follows:

24 MR. KEMM: Please give us your name,
25 spell your last name.

1 MS. CIBELLI: My name is Mary, last
2 name is Cibelli, that's C-I-B-E-L-L-I.

3 MR. KEMM: And your address?

4 MS. CIBELLI: My address is 119
5 Prusakowski Boulevard.

6 MR. KEMM: Thank you. Please
7 continue.

8 MS. CIBELLI: That's in Spinnaker
9 Pointe.

10 Originally, I came from Staten
11 Island, and with my husband, we purchased a mini
12 farm in Millstone, where we lived for 18 and a
13 half years, where my husband passed, which was a
14 wonderful life. And when my husband passed, my
15 daughter Lenore, who just spoke a little while
16 ago, said mom, please come and live where we live
17 at Spinnaker Pointe, you'll feel safer, you'll
18 feel like you have some -- somebody there to help
19 you as you get older. And I am reaching that
20 point.

21 And I was so, so happy to hear that
22 there was a nursing home that might help me as I
23 went into my September years. I am a board
24 certified orthotist, had a business where I took
25 care of people who had breast surgery, and I want

1 to tell you, it's a wonderful thing to be able to
2 help people, but if you're going to help people,
3 be sure that it's what they want. We all know --
4 and I am 81 years old, and I know how much --

5 (Audience applause.)

6 MS. CIBELLI: -- for so many
7 diseases. It is an epidemic, and we can help,
8 but we cannot rush into anything. It's just not
9 fair to just decide that there's going to be a
10 rehab center where there was a nursing home. It
11 just doesn't make any sense to me.

12 You know, I look at each and every
13 one of you, and I see heart, and I see love in
14 your eyes, and I see some kind of -- some kind of
15 something that you're listening to the public.
16 Well, listen to us. Take heed to what we need.
17 We need to have a nursing home.

18 PUBLIC SPEAKER: That's right.

19 MS. CIBELLI: We do not need to have
20 a rehab center that nobody wants, and everyone is
21 afraid of. These children here listening to this
22 tonight, it's upsetting me that they are so
23 frightened.

24 Please, please, each and every one
25 of you, think of your grandchildren, think of

1 your elderly parents, and think the right way.

2 And I want to tell you one more
3 thing, I've sat on many boards, where the board
4 members had set minds that they were going to do
5 exactly what the public did not want. Please
6 don't be like that. Listen to us. Listen to us.

7 Thank you very much.

8 (Audience applause.)

9 H A N N A N T O R R E S, having
10 been duly sworn, testified as follows:

11 MR. KEMM: Please give us your name,
12 spell your last name.

13 MS. TORRES: It's Hannan, last name
14 is Torres, T-O-R-R-E-S.

15 MR. KEMM: And your --

16 MS. TORRES: I live at 6405
17 Fernandez Court in La Mer.

18 MR. KEMM: Thank you. Please
19 continue.

20 MS. TORRES: So I'm going to keep it
21 brief. I moved to La Mer, into Parlin, the
22 Sayreville community, over a year ago. I moved
23 from Elizabeth. I moved to get my sons a
24 different atmosphere. Me and my husband are very
25 hardworking, we have very heavy schedules, and

1 it -- I used to just fear, you know, him walking
2 home from school with his friends, of, you know,
3 people following him, or as -- what we are here
4 talking about today, drug addicts or, you know,
5 gang initiations, or all that stuff that comes
6 with a rehab center being right across the
7 street, from what I tried to get my son away
8 from.

9 Where he is now, he's free. He
10 don't have to worry about being afraid to go
11 outside or, you know, he can't go to the
12 basketball court because there's gangs there,
13 there's kids fighting, or they're selling drugs,
14 or there's people peddling asking for money or
15 following him. I didn't move to this
16 neighborhood for that, and this is something they
17 moved away from, and it seems like I'm moving
18 right into it.

19 So I please ask, like, you know,
20 these kids are getting off the bus, a lot of us
21 are hardworking, we're a working community, and
22 some of the kids get home before we do. Now
23 they're going to have to worry about if they're
24 okay, if they're safe getting home, if there's
25 people following them into the house, or do we

1 have to worry about that. Do we all have to get
2 alarm systems on our house now?

3 So I just ask you to please consider
4 all those things, you know, in reference to the
5 kids and the elderly, and, you know, I hope that
6 you do not follow through with this.

7 Thank you.

8 K A T R I N A A R B O L E D A,
9 having been duly sworn, testified as follows:

10 MR. KEMM: Please give us your name,
11 spell your last name.

12 MS. ARBOLEDA: Katrina, last name
13 A-R-B-O-L-E-D-A.

14 Again, like she just spoke and
15 said --

16 MR. KEMM: Your address, please?

17 MS. ARBOLEDA: I'm sorry, 2008
18 Bayhead Drive, I'm in Harbour Club, directly
19 across from where the proposed building is being.

20 I'm just against it. I have
21 children who go to the Eisenhower School. I also
22 have children who go to the middle school. It's
23 not something I want for my children. I just
24 sold my home in Plainfield and moved here to get
25 away from everything that was just stated before.

1 My job is to keep my children safe, and I feel
2 like that's almost impossible with this rehab
3 directly across the street children live, where
4 they play, where they should feel safe. I'm just
5 against it.

6 J A C K C A V E N E Y, having been
7 duly sworn, testified as follows:

8 MR. KEMM: Please give us your name,
9 spell your last name.

10 MR. CAVENEY: Jack Caveney,
11 C-A-V-E-N-Y.

12 MR. KEMM: Your address, sir?

13 MR. CAVENEY: 44 Straton Court.

14 Okay. I'm a resident of La Mer, and
15 I just can't understand how you can look to put a
16 rehab so close to a school, and if that's the
17 zoning we have, then the zoning's wrong.

18 I think it's fait accompli, but
19 don't vote your conscience, vote the right way.

20 L E O N A R D O C O T U G N O,
21 having been duly sworn, testified as follows:

22 MR. KEMM: Please give us your name,
23 spell your last name.

24 MR. COTUGNO: Leonardo Cotugno,
25 C-O-T-U-G-N-O.

1 MR. KEMM: Your address?

2 MR. COTUGNO: 1 Sandpiper Drive in
3 Parlin, La Mer.

4 MR. KEMM: Thank you, please
5 continue.

6 MR. COTUGNO: We moved from Queens
7 14 years ago because the school, you know, we
8 went to Google and did -- at that time, it was
9 the best school, Eisenhower. Now, if you put a
10 drug addict over there, you're going to go Google
11 La Mer, drug alley across the street. Very nice.
12 It's not good.

13 Thank you.

14 MR. LOKANADHAM: My name is Mohan
15 Lokanadham, last name is L-O-K-A-N-A-D-H-A-M.

16 MR. KEMM: And your address?

17 MR. LOKANADHAM: 9 Mioduski Court,
18 Parlin, New Jersey.

19 M O H A N L O K A N A D H A M,
20 having been duly sworn, testified as follows:

21 MR. KEMM: Please continue.

22 MR. LOKANADHAM: So it's almost 10
23 o'clock, and I'm sure everyone is tired, but I
24 can feel the frustration and the energy, it's
25 easily palpable in the room, on a weekday.

1 So I moved to La Mer when my son was
2 six months old. He's 11 now. We've always
3 considered the community as being very safe. And
4 the fact of the matter is it's a 34-billion
5 industry. I mean, it's all about the money.

6 The decision with the crowd is
7 unanimous. I mean, everyone is for the rehab
8 center, but not at the location. So I just can't
9 understand how the decision of the board could be
10 any different.

11 So I also believe -- I don't want to
12 reiterate what everyone else has said, because
13 everyone has been very eloquent in how they
14 expressed their feelings. I also believe in
15 karma, and I think what goes around comes around,
16 and I think everyone needs to really look into
17 themselves when they make this decision.

18 Thanks.

19 D A P H N E S T A N L E Y, having
20 been duly sworn, testified as follows:

21 MR. KEMM: Please give us your name,
22 spell your last name.

23 MS. STANLEY: My name is Daphne,
24 last name Stanley, S-T-A-N-L-E-Y.

25 MR. KEMM: Your address, please.

1 MS. STANLEY: 20 Woodmere Drive. I
2 live in La Mer.

3 I am totally against the location of
4 this drug and alcohol center. That's all I have
5 to say. I'm just 100 percent against it.

6 (Audience applause.)

7 O L G A C O R R E A, having been
8 duly sworn, testified as follows:

9 MR. KEMM: Please give us your name,
10 spell your last name.

11 MS. CORREA: C-O-R-R-E-A.

12 MR. KEMM: And your address?

13 MS. CORREA: 20 Upper Brook Court,
14 Parlin, in La Mer.

15 I just wanted to say that, for my
16 community, and especially for my daughter, I
17 don't want this place in my neighborhood. Please
18 don't do that to us.

19 S A N D R A C H A R L E S, having
20 been duly sworn, testified as follows:

21 MR. KEMM: Please give us your name,
22 spell your last name.

23 MS. CHARLES: Sandra Charles,
24 C-H-A-R-L-E-S. I'm at 27 Woods Edge Court, La
25 Mer.

1 I don't want this in my
2 neighborhood. To the lawyer, that is a
3 residential neighborhood. I don't know where you
4 been, you need to take a drive over there, it's
5 residential, completely.

6 K E V I N R E I D, having been
7 duly sworn, testified as follows:

8 MR. KEMM: And please give us your
9 name, spell your last name.

10 MR. REID: Reid, R-E-I-D, first name
11 is Kevin.

12 MR. KEMM: Spell your last name.

13 MR. REID: R-E-I-D.

14 MR. KEMM: Sorry, I didn't hear you.
15 Your address, sir?

16 MR. REID: 904 Giordano.

17 MR. KEMM: Thank you, please
18 continue.

19 MR. REID: I came here just to log
20 my name that I oppose this facility, but now that
21 I have the mic, I feel like there's a need to
22 express my feelings.

23 My wife is standing behind me. We
24 sold our home in Roselle, moved here a little
25 over a year ago. We have four beautiful girls --

1 no boys, I was trying. Seems like since I'm the
2 only man in the house, it's my job to protect
3 them. And the reason we chose Parlin is because
4 of the safety, everything concerning Parlin as
5 well, we need it, and we invested and came to
6 Parlin.

7 The facility that's being proposed
8 now, it's walking distance from one of my
9 daughter's schools. That's unacceptable, that's
10 unsafe. As a father, protecting my girls, I
11 leave home at 7 o'clock in the morning, I go to
12 the city, I come back 7 o'clock. They say --
13 their safety is paramount to me.

14 In the summertime, they're outside
15 playing, I don't have to worry, I feel as though
16 it's a safe neighborhood. With this facility,
17 I'm not discriminating against the disabled, but
18 that location put us in great danger, not for the
19 patients itself, but everything that's
20 surrounding those people that need the treatment.

21 Thank you very much.

22 K I S H A N R E I D, having been
23 duly sworn, testified as follows:

24 MR. KEMM: And please give us your
25 name, spell your last name.

1 MS. REID: Sure, Reid, R-E-I-D,
2 first name is Kishan (ph). We're at 904 Giordano
3 Avenue in Camelot, La Mer.

4 As my husband said, we have four
5 daughters, aging from 21 to 5. Our youngest is a
6 kindergartner at Eisenhower. My husband, he's an
7 AVP for Cantor Fitzgerald; I work for a mortgage
8 company. You know, we're a decent working-class
9 family that live in a residential neighborhood,
10 and we work hard, and our 13-year-old daughter
11 picks up my five-year-old daughter from the bus
12 stop, and they walk home together. I don't have
13 to worry about her. I have neighbors that look
14 out for our daughter. Now they're concerned.

15 We have girls, girl children. These
16 are drug addicted humans that are now going to be
17 around our daughters. And this is a huge
18 concern. We don't mind it in the town, but
19 literally next door to a school? I mean, I don't
20 understand how anyone could fathom that thought.

21 We have young girls walking around
22 in the neighborhood, and that should be a
23 concern, that should be a responsibility.

24 That's all I have to say.

25 C A R O L G I T U N E, having been

1 duly sworn, testified as follows:

2 MR. KEMM: Same thing, please give
3 us your name, spell your last name.

4 MS. GITUNE: Sure, first name is
5 Carol, last name is Gitune, G-I-T-U-N-E.

6 MR. KEMM: And your address, please?

7 MS. GITUNE: 22 Marcinczyk Avenue,
8 Parlin, New Jersey, right in La Mer.

9 I just want to stand up here, when I
10 first purchased that home back in 2003, I was a
11 young 20-something-year-old doing my residency
12 back then. Today, I'm a mother of three who
13 works very hard to make sure I provide a good
14 home and a safe home for my children. I can
15 assure you, I have voted some of you in, and when
16 we voted for you, we trusted that you're going to
17 make a decision that is right and that is fair
18 for the citizens of Sayreville. So, tonight, we
19 hold you accountable. We put you in office
20 trusting that you can and will make the right
21 decision.

22 As a mother, I can stand here, and I
23 can adamantly tell you there's absolutely no
24 doubt in my mind, this is a residential area.
25 This is an area that has thousands of families

1 and thousands of children, and I still have two
2 children to put through that Eisenhower School.

3 I absolutely cannot and will not sit
4 back and watch as you vote on this facility. So
5 tonight I say, please, make the right decision
6 for the people of Sayreville.

7 Y A S M E E N A N D E R S O N,
8 having been duly sworn, testified as follows:

9 MR. KEMM: Could you please give us
10 your name, spell your last name?

11 MS. ANDERSON: Yas, last name
12 A-N-D-E-R-S-O-N, 83 Giera Court.

13 I understand that, you know,
14 sometimes money is an issue in the communities,
15 you want to bring money in, you want the
16 community to thrive. I pay money. I pay taxes.
17 I support this community. I see people who work
18 at Walmart here. I see other families who are
19 here that are professional families that bring
20 money into this community. My daughter's a girl
21 scout. My kids go to -- I have a daughter at
22 Eisenhower. I have a daughter who goes to the
23 dance studio here in Parlin. We spend our money
24 here, we support our community.

25 When my husband comes home from the

1 city, and he gets off the bus at 10:30 at night,
2 and can't park at the park and ride, and has to
3 walk home, I don't need to have my heart in my
4 throat wondering if he'll be walking through that
5 door. I don't want to have my heart in my throat
6 when I go to work every day, and I worry about my
7 13-year-old who has to pick up my seven-year-old
8 at Eisenhower School, and walk home, because we
9 work. I don't want to have to think about other
10 families that have supported this community for
11 years, have come here just because of what they
12 had to give, and take it all away because of
13 greed. My money counts. My time, my energy, my
14 support of this community, it absolutely means
15 something. Do you want a dead community with a
16 thousand for sale signs? Is that what you want?

17 Drugs are real. Understand, drugs
18 are real. I don't come from a family land, I
19 wasn't born in Colts Neck, I was born in
20 Brooklyn, New York, born and raised. My mother
21 is a psychotherapist, she works with people who
22 require -- have huge mental health needs every
23 single day. There are doctors in this room.
24 There are therapists in this room. It's real.
25 It is not to be across the street from a school,

1 across the street from where people are raising
2 their families.

3 I can leave my house at 11:45 at
4 night, because I forgot to by Tide, and run to
5 the Walmart, and feel completely safe. I don't
6 need to have somebody knocking me over the head
7 for \$5, because they can't get their act
8 together. Do we need to fix this problem?
9 Absolutely. Does it need to be fixed in my
10 backyard? No, sir, no, ma'am.

11 (Audience applause.)

12 D A N I E L A S T A R I T A,
13 having been duly sworn, testified as follows:

14 MR. KEMM: Please give us your name,
15 spell your last name.

16 MR. ASTARITA: Daniel Astarita,
17 A-S-T-A-R-I-T-A.

18 I just want to go on record saying
19 that I'm against this. I have a daughter that
20 goes to Eisenhower; I have a son that will be
21 going to Eisenhower. I just want everyone to
22 know that I'm against this. All right? Thank
23 you.

24 MR. KEMM: We needed your address,
25 sir.

1 MR. ASTARITA: Oh, 26 Reseau Avenue.

2 MR. KEMM: Thank you.

3 MR. ASTARITA: Thanks.

4 M E L B A G A R C I A, having been
5 duly sworn, testified as follows:

6 MR. KEMM: Please give us your name,
7 spell your last name.

8 MS. GARCIA: My name is Melba
9 Garcia, G-A-R-C-I-A.

10 MR. KEMM: And your address, please?

11 MS. GARCIA: 126 Woodmere Drive,
12 Parlin, in La Mer.

13 I've been a resident of Sayreville
14 in La Mer for the past 12 years. I moved here to
15 give my children a better life. All my children
16 have been to all the schools here in Sayreville,
17 high school. I currently now have grandchildren
18 in the schools, in Eisenhower and also the middle
19 school. Like many residents have already said,
20 my granddaughter walks to Eisenhower to pick up
21 my grandson every single day when they get out of
22 school, because we, as parents, grandparents, are
23 working. Okay?

24 We want safety for our children. We
25 want safety for our community. And like the

1 young lady said before me, do you really want a
2 dead community? Do you want a thousand signs of
3 for sale in this community? Because that's
4 what's going to happen if we are fearful of
5 living in this community.

6 Thank you.

7 B A R B A R A S H A N L E Y,
8 having been duly sworn, testified as follows:

9 MR. KEMM: Please give us your name,
10 spell your last name.

11 MS. SHANLEY: Barbara Shanley,
12 S-H-A-N-L-E-Y.

13 MR. KEMM: And your address, please?

14 MS. SHANLEY: 21 Woodmere Drive, La
15 Mer.

16 I moved here 20 years ago. It was a
17 safe community then; it's still a safe community
18 now. I commuted back and forth to New York City.
19 Currently, I'm part time working. I work for a
20 small transportation company, and we transfer
21 special needs children every single day. Ernston
22 Road is not the greatest road, as far as speed
23 limits being adhered to and everything else.
24 It's not a safe area to begin with.

25 When I first heard about this, and

1 realized it's a drug free school, by the
2 Eisenhower School, the last thing we need is a
3 rehab community at where Briarwood nursing home
4 used to be. It was approved as a nursing home,
5 it should stay as a nursing home.

6 (Audience applause.)

7 MS. SHANLEY: I want it to be safe
8 for my -- I'm now 65 years old, and I don't want
9 to have to worry about taking a walk around the
10 community.

11 Thank you.

12 (Audience applause.)

13 B I L L P O L I C A S T R O,
14 having been duly sworn, testified as follows:

15 MR. KEMM: Please give us your name,
16 spell your last name.

17 MR. POLICASTRO: Bill Policastro,
18 P-O-L-I-C-A-S-T-R-O.

19 MR. KEMM: And your address, sir?

20 MR. POLICASTRO: 22 Dolan Avenue,
21 right down the street from -- in a residential
22 area.

23 I'm hip to the addiction that's
24 going on, my mother passed away from a drug
25 overdose in 2011, and I have a younger sibling

1 who's been battling it for 20 years and still is.
2 So I realize that we need it, we need something,
3 but in that place is not the place.

4 I just bought my house November, me
5 and my wife spent about eight months looking for
6 houses, we were in and out of houses every week,
7 just waiting for the right opportunity and the
8 right place to move. Our daughters are older,
9 they're both in college.

10 I work for NJ Transit. We live on
11 the end of a dead end. I don't know if you guys
12 are familiar with where Dolan Avenue is. We live
13 in the last house on a dead end. It's dark down
14 there. I get called into to work all the time
15 for NJ Transit. I don't need my wife there, and
16 I'm worrying about her when I'm in work, because
17 I know someone -- and I know they're all not like
18 that, but alls it takes is one instance.

19 Guys, I know you guys are going to
20 do the right thing, and I know he's going to come
21 back with a lawsuit with the Disability Act
22 thing. We'll fight with you. All right?

23 (Audience applause.)

24 G E O R G E N A G Y, having been
25 duly sworn, testified as follows:

1 MR. KEMM: And please give us your
2 name, spell your last name.

3 MR. NAGY: My name is George Nagy,
4 N-A-G-Y, I live at 118 Parker Street, Morgan, New
5 Jersey.

6 I'm also a resident here for the
7 past five years. I have two young children that
8 go to Eisenhower, and I'm terrified. My daughter
9 today asked me, what is this? And like the other
10 gentleman, I had to explain to her. And she told
11 me how scared she was. She had they play
12 outside. Who's going to protect us? Who's going
13 to protect us? I know these people need the
14 help, but I don't think they need to be there.

15 I'm totally against this. It was a
16 facility for elderly people before that. I had
17 relatives that went through there. They passed.
18 They took everything we owned from my relatives
19 to be put in there. All that money now, where's
20 that going for that? I mean, like, these people
21 are just flim-flomming, taking this money,
22 flipping it back and forth, to make more money.
23 It's a joke. It's just not right, you know?

24 And I'm just totally against this.
25 I hope yous do the right thing, and realize it's

1 just a scam they're doing, another scam. This is
2 no way to go about it.

3 S H A F K A M A H M O O D, having
4 been duly sworn, testified as follows:

5 MR. KEMM: And please give us your
6 name, spell your last name.

7 MR. MAHMOOD: My name is Shafka
8 Mahmood, M-A-H-M-O-O-D, as in David.

9 MR. KEMM: And your address, sir?

10 MR. MAHMOOD: 4 Giera Court, Parlin.

11 MR. KEMM: Thank you, please
12 continue.

13 MR. MAHMOOD: On the record, totally
14 against. Also on the record, they are in, I'm
15 out. I cannot raise my family next to a nuclear
16 reactor, I'm sorry about that.

17 D A W N D A N T Z L E R, having
18 been duly sworn, testified as follows:

19 MR. KEMM: Please give us your name,
20 spell your last name.

21 MS. DANTZLER: My name is Dawn
22 Dantzler, D-A-N-T-Z-L-E-R. I reside at 8 Denhard
23 court, Parlin, New Jersey, in La Mer.

24 It is a residential area. The whole
25 area is a residential area.

1 PUBLIC SPEAKER: He's not listening.

2 MS. DANTZLER: Well, he's going to
3 hear it.

4 I would just like to say that I feel
5 very safe out here. I am a grandmother, and my
6 grandchildren come over on the weekends, we take
7 walks, we walk outside, we go to Kennedy Park, we
8 feel free, we feel safe.

9 If this facility comes there, we
10 will not feel safe, we'll be in the house all the
11 time. As a matter of fact, I would be one of the
12 first to put my house up for sale. I too resided
13 in Brooklyn, New York, and I moved here. We
14 cannot have this facility in a residential area.
15 Thank you.

16 (Audience applause.)

17 P A U L E N E K U R I A, having
18 been duly sworn, testified as follows:

19 MR. KEMM: Please give us your name,
20 spell your last name.

21 MS. KURIA: The name is Paulene
22 Kuria, last name K-U-R-I-A. Address is 42
23 Woodmere Drive in Parlin. And I am against it.

24 MR. KEMM: Thank you.

25 J O H N M c C O R M I C K, having

1 been duly sworn, testified as follows:

2 MR. KEMM: Please give us your name,
3 spell your last name.

4 MR. McCORMICK: My name is John
5 McCormick, I live at 116 Prusakowski Boulevard.

6 MR. KEMM: Could you spell your last
7 name.

8 MR. McCORMICK: M-C-C-O-R-M-I-C-K.

9 MR. KEMM: Thank you. Please
10 continue.

11 MR. McCORMICK: At the beginning of
12 the meeting, the RCA counsel opened with a
13 statement that RCA met the burden of their
14 positive and negative proofs. Well, after some
15 two and a quarter hours, I don't think that
16 they've met the burden of their negative proof,
17 because that's all that you've heard from this
18 community, are the reasons why they don't believe
19 that that drug rehab center should be placed in
20 the middle of a residential community, right next
21 to an elementary school.

22 I also heard counsel threaten --
23 threaten the board and threaten Sayreville with
24 actions under the ADA, Supreme Court decisions,
25 when I think that the site was originally

1 approved as a nursing home, and the senior
2 citizens of Sayreville have just as many rights
3 and EEO protections under the law as the people
4 who need the drug rehabilitation center.

5 Thank you.

6 (Audience applause.)

7 J O N N I E R O B I N S O N,
8 having been duly sworn, testified as follows:

9 MR. KEMM: Please give us your name,
10 spell your last name.

11 MS. ROBINSON: Jonnie Robinson,
12 R-O-B-I-N-S-O-N. My address is 9 Biesiada Court.

13 I just want to be on the record to
14 say I am completely against this. I have been a
15 board certified family physician for almost 20
16 years now. I've worked in many, many facilities.

17 I've relocated my family here from
18 Bronx, New York, for a better life. We love
19 Sayreville. We work and live here. We do dance
20 here. We do gymnastics here. We PTO here. We
21 love this town.

22 And I, better than probably a lot of
23 people here, know that, yes, it is an epidemic.
24 Yes, we do need help. I see it every single day.
25 But next to Eisenhower Elementary School is not

1 the place. Across from Harbour Club is not the
2 place. Next to La Mer is not the place.

3 So I implore you to deep dig -- deep
4 dig, very far, down into your conscious, to know
5 that you choose to do the best thing for your
6 community, because we love our community, and we
7 want our children to maintain things safe, we do
8 not want to live in fear, and we do want to keep
9 succeeding in Sayreville.

10 (Audience applause.)

11 MR. KEMM: And please give us your
12 name, spell your last name.

13 MS. DANIELS: Orlee (ph) Daniels,
14 D-A-N-I-E-L-S.

15 MR. KEMM: And your address, please?

16 MS. DANIELS: Ridgeview Court,
17 Parlin, New Jersey.

18 MR. KEMM: Thank you, please
19 continue.

20 MS. DANIELS: Just want to go on
21 record to say I'm against this. My son passed
22 away four years ago from drug addiction, so I
23 completely understand the need for a facility
24 like this, but not there. I have children in
25 Eisenhower. So I just want to say I'm against

1 it.

2 Thank you.

3 (Audience applause.)

4 S T E P H A N I E T A I T E,
5 having been duly sworn, testified as follows:

6 MR. KEMM: And please give us your
7 name, spell your last name.

8 MS. TAITE: Stephanie Taite,
9 T-A-I-T-E. I live at 24 Fela Drive.

10 MR. KEMM: Thank you.

11 MS. TAITE: I ask that you vote no.
12 Short and sweet. Thank you.

13 (Audience applause.)

14 P R A G N E S H K H A T R I,
15 having been duly sworn, testified as follows:

16 MR. KEMM: Please give us your name,
17 spell your last name.

18 MR. KHATRI: Pragnesh Khatri, last
19 name K-H-A-T-R-I.

20 MR. KEMM: And your address, please?

21 MR. KHATRI: 50 Fela Drive.

22 MR. KEMM: Thank you.

23 MR. KHATRI: I just want to say
24 please, please, please do not approve this. We
25 love Sayreville, please don't make us move out of

1 here.

2 (Audience applause.)

3 P R A D I M A J H A L A, having
4 been duly sworn, testified as follows:

5 MR. KEMM: And please give us your
6 name, spell your last name?

7 MR. JHALA: Last name J-H-A-L-A,
8 first name Pradyuman.

9 MR. KEMM: And your address?

10 MR. JHALA: 7 Jasoun Court in
11 Parlin, New Jersey.

12 I just want to paint a picture
13 around here: hundreds and thousands of drug
14 addicts surrounded by five years old, six years
15 old, seven years old, eight years old, and nine
16 years old. Any sane person in this room who
17 would want their kids to be around hundreds of
18 drug addicts, raise your hand? I don't think so.

19 I'm totally against it, thank you.

20 D E B B I E I N D R A W I S,
21 having been duly sworn, testified as follows:

22 MR. KEMM: Please give us your name,
23 spell your last name.

24 MS. INDRAWIS: Debbie Indrawis,
25 I-N-D-R-A-W-I-S.

1 MR. KEMM: And your address, please?

2 MS. INDRAWIS: 6 Tall Oaks Court in
3 Parlin. I live in La Mer.

4 MR. KEMM: Thank you.

5 MS. INDRAWIS: I'd just like to go
6 on the record and say that I am against this. I
7 have three children in the school system. They
8 walk -- two out of three walk home from the bus.
9 My children went to Eisenhower School. And I am
10 concerned for the safety of having the facility
11 like this located across where Briarwood was.

12 I'm also a Realtor in town. I am
13 concerned for the property values, because we
14 would have to disclose that there is a drug rehab
15 center right across from La Mer, Harbour Club,
16 and the Oak Tree development behind Eisenhower
17 School.

18 Thank you.

19 MR. LIEBERMAN: Paul Lieberman, I
20 have one more thing to add, if it's okay.

21 MR. KEMM: Yeah, very quickly.

22 MR. LIEBERMAN: I just want to thank
23 everybody that came in tonight, it was really
24 important that you all do.

25 I'm going to ask you once again,

1 please vote no on this.

2 We -- last week -- last month,
3 when --

4 MR. KEMM: Sir, you need to address
5 your comments to the board.

6 MR. LIEBERMAN: I'm sorry. Last
7 month, when the petitioner was here, he was
8 playing on our sympathies. He was talking about
9 constantly, well, what if your child had ended up
10 with this? We have testimony here from our
11 citizens, of people that have lost loved ones,
12 and they too do not want this at a place right
13 next to a school.

14 So, once again, I thank every one of
15 the people that have come here to say something
16 today, and I ask you all to listen to us, to say
17 no to this petitioner.

18 Thank you.

19 (Audience applause.)

20 CHAIRMAN GREEN: Okay. I'm going to
21 close the public portion.

22 PUBLIC SPEAKER: Do the right thing.

23 CHAIRMAN GREEN: I need a motion to
24 close the public portion.

25 VICE CHAIRMAN HENRY: So moved.

1 COMMISSIONER CORRIGAN: Second.

2 Public portion is closed.

3 MR. KEMM: We were going to give
4 Mr. Himelman the ability to address the comments.

5 PUBLIC SPEAKER: We don't want to
6 listen to him.

7 MR. HIMELMAN: I listened carefully
8 to the testimony and the comments by all the
9 residents this evening. If the board has
10 specific questions that they would like to direct
11 to us from the public, I'd be happy to answer.

12 PUBLIC SPEAKER: When is the
13 facility being implemented? When is this
14 happening?

15 MR. KEMM: Ladies and gentlemen,
16 we've closed public.

17 PUBLIC SPEAKER: He just said we can
18 ask him questions.

19 MR. HIMELMAN: I was directing that
20 to the board's attorney.

21 PUBLIC SPEAKER: He speaks with a
22 forked tongue again.

23 MR. KEMM: Does the board have any
24 questions of Mr. Himelman?

25 MR. HIMELMAN: Mr. Chairman, thank

1 you. We've summarized our case, so we leave it
2 to the board to proceed on this application
3 accordingly.

4 PUBLIC SPEAKER: Have a seat.

5 CHAIRMAN GREEN: Mr. Kemm, I want
6 your permission to go into closed session. I
7 want to discuss with the board and you something
8 that is brought up here tonight, and that's the
9 American Disabilities Act, and the Federal Fair
10 Housing Act.

11 MR. KEMM: Mr. Chairman, certainly
12 the board does have the ability to go into closed
13 session.

14 Just to expand upon and put it in
15 context for members of the public, all the
16 board's actions, like any public entity, the
17 governing body, the mayor and council, is to be
18 done in open public meeting.

19 There's certain exceptions where we
20 can exclude the public from the meeting, and one
21 of those is a request to have legal advice and
22 legal discussion with the attorney. So the board
23 has asked for that. If we want to proceed, we
24 should have a motion on that.

25 If the board decides they want to go

1 into closed session, we will come back to the
2 public session, and we'd conclude any business
3 the board wants to conclude. So if that is the
4 wish of the chairman, we should have a vote, and
5 then I'll put further information on the record.

6 CHAIRMAN GREEN: I'm asking for a
7 motion to go into closed session to discuss this
8 legal part of this application.

9 VICE CHAIRMAN HENRY: So moved.

10 COMMISSIONER EMMA: Second.

11 COMMISSIONER ESPOSITO: Mr. Chair,
12 may I make one comment, please?

13 I think people were asking if we're
14 going to take a final vote tonight, so perhaps we
15 can give them some sort of guidance or timeline
16 of what we're doing tonight, before the closed
17 session. Are we going to make the final vote
18 tonight? Just to give them some sort of
19 information.

20 MR. KEMM: That's up to the board
21 when we come out of closed session, whatever
22 action they want to take. Again, if we take a
23 quick roll call, I'll put more information on the
24 record.

25 COMMISSIONER ESPOSITO: Thank you.

1 CHAIRMAN GREEN: I want a roll call
2 to go into closed session.

3 MS. KEMBLE: Mr. Green?

4 CHAIRMAN GREEN: Yes.

5 MS. KEMBLE: Mr. Henry?

6 VICE CHAIRMAN HENRY: Yes.

7 MS. KEMBLE: Mr. Kuczynski?

8 COMMISSIONER KUCZYNSKI: Yes.

9 MS. KEMBLE: Ms. Catallo?

10 COMMISSIONER CATALLO: Yes.

11 MS. KEMBLE: Mr. Corrigan?

12 COMMISSIONER CORRIGAN: Yes.

13 MS. KEMBLE: Mr. Emma?

14 COMMISSIONER EMMA: Yes.

15 MS. KEMBLE: Mr. Esposito?

16 COMMISSIONER ESPOSITO: Yes.

17 MR. KEMM: Okay. So, ladies and
18 gentlemen, and for the board as well, we will be
19 going into closed session; we'll retire to the
20 chambers behind the dais. As indicated, the Open
21 Public Meetings Act requires that all activity of
22 the board and board business be conducted in an
23 open public meeting, in which the public is
24 available. The limited exemptions, there's a
25 number of personnel issues; for example, if the

1 town was to take action against an employee or
2 something of that nature, and including legal
3 advice, as you all know, there's attorney-client
4 privilege.

5 So we will be going in under that
6 exception of the Open Public Meeting Act. The
7 meeting is not over. Please understand we are
8 just adjourning for a closed session. We will
9 come back and reopen the public session, and the
10 board will take whatever action they want.

11 I will also place on the record the
12 sum and substance of the discussion that occurred
13 in closed session; the issues discussed. Again,
14 it's limited to legal advice to the board. We're
15 not going to be discussing voting on the
16 application, we're not going to be discussing the
17 merits of the application, or anything anyone
18 said, it solely is -- the chairman has asked to
19 give the board further information or
20 understanding of the laws involved.

21 As you are all aware, we have issues
22 that have been raised by the applicant, as well
23 as the public, on the Federal Fair Housing Act,
24 the Americans with Disabilities Act, and the New
25 Jersey Law Against Discrimination. So the closed

1 session will be limited to discussing the legal
2 issues surrounding those laws.

3 MR. HIMELMAN: Thank you.

4 MR. KEMM: So with that in mind, we
5 will adjourn for a moment. Again, the meeting is
6 not finished, we will be back shortly.

7 (Whereupon, the board enters closed
8 session.)

9 CHAIRMAN GREEN: All right. I'm
10 going to call this meeting back to order.

11 COMMISSIONER CATALLO: We can't.

12 MR. KEMM: We have a member that
13 went to the men's room. I guess we'll hold off.

14 VICE CHAIRMAN HENRY: Two.

15 MR. KEMM: Give us a minute, thank
16 you.

17 (Whereupon, there is a brief pause
18 in the proceeding.)

19 MR. KEMM: We have all our board
20 members back in.

21 Ladies and gentlemen, we're now back
22 in public session, as indicated. As I mentioned
23 before, we did go into closed session; we
24 excluded the public. The board had requested
25 some guidance on the legal issues that were

1 involved. We discussed broadly the Americans
2 with Disabilities Act and the Federal Fair
3 Housing Act.

4 In short, I advised them the --
5 those laws, basically, as the applicant's
6 attorney had phrased it, was correct. There are
7 requirements that individuals who are in
8 rehabilitation facilities, who have drug and
9 alcohol addiction problems, are considered
10 disabled under the Americans with Disabilities
11 Act and the Federal Fair Housing Act, and certain
12 accommodations, reasonable accommodations, need
13 to be made to those individuals, as well as
14 facilities and organizations who provide services
15 to those individuals, which here would be the
16 applicant. So we did discuss the legal issues
17 involved with that, and as well as the New Jersey
18 Law Against Discrimination.

19 We did not, as indicated before,
20 discuss any of the factual issues involved here.
21 We did not discuss how the board may or may not
22 vote on this matter, what action they may or may
23 not take; it was limited to legal advice on those
24 matters I just described.

25 So with that on the record,

1 Mr. Chairman, I turn it back over to you.

2 CHAIRMAN GREEN: Thank you. What is
3 the board's pleasure in reference this
4 application?

5 VICE CHAIRMAN HENRY: Mr. Chairman,
6 I'd like to make a motion that we deny this
7 application.

8 PUBLIC SPEAKER: Yes.

9 CHAIRMAN GREEN: Do I have a second?

10 COMMISSIONER CORRIGAN: Second.

11 COMMISSIONER EMMA: Second.

12 MR. KEMM: Again, everybody, a yes
13 vote is to deny.

14 CHAIRMAN GREEN: Roll call vote.

15 MS. KEMBLE: Mr. Green?

16 CHAIRMAN GREEN: Yes.

17 MS. KEMBLE: Mr. Kuczynski?

18 COMMISSIONER KUCZYNSKI: Yes.

19 MS. KEMBLE: Mr. Kreisner?

20 I'm sorry, Ms. Catallo?

21 COMMISSIONER CATALLO: Yes.

22 MS. KEMBLE: Mr. Corrigan?

23 COMMISSIONER CORRIGAN: Yes.

24 MS. KEMBLE: Mr. Henry?

25 VICE CHAIRMAN HENRY: Yes.

1 MS. KEMBLE: Mr. Emma?

2 COMMISSIONER EMMA: Yes.

3 MS. KEMBLE: Mr. Esposito?

4 COMMISSIONER ESPOSITO: Yes.

5 MR. KEMM: Would any board members
6 like to put their reasons on the record for their
7 vote?

8 VICE CHAIRMAN HENRY: Go ahead,
9 Mr. Chairman.

10 CHAIRMAN GREEN: Yes, I'm going to
11 put my reasons for my vote against this
12 application on the record at this time. My
13 reasons are quite lengthy, so bear with me while
14 I reference this.

15 First, I want to thank Mr. Himelman
16 for his presentation in reference this
17 application. I have reviewed all the testimony.
18 I've spent hours looking over the paperwork.
19 I've been to the scene. I've been to the
20 surrounding area.

21 The safety of the community, and the
22 negative input, far outweighs the positives of
23 this application. In that regard, I cannot even
24 put conditions on this application in an attempt
25 to reverse this application to positive. I am

1 voting no to this application, and denying the
2 application use of the d(1) use variance.

3 Safety is a big part of this
4 application, and here are my safety concerns for
5 my vote of no:

6 Within the transcript that was taken
7 on November the 8th, on page 87, Dr. Carise
8 states, there will be 150 to 200 cameras, and the
9 nurses will have visibility to all the cameras on
10 their unit. Well, cameras and monitors are only
11 good as the staff who's responsible for them.

12 I have been a police officer for 35
13 years in Sayreville. I have the experience with
14 cameras and monitors. It was my responsibility
15 to look at these cameras, and take care of them.
16 We had cameras in the front of the building, the
17 side of the building, in the jail cells, in the
18 sally ports, in the hallways. And if you get
19 busy, you're not going to see these cameras;
20 you're not going to see the shadow going by.

21 Security could be compromised if
22 you're not watching these cameras at all times.
23 An employee of RCA could be doing a report, could
24 get called, and not see what's actually happening
25 on some of these cameras. So that could be a

1 safety issue within the facility, and it also
2 could become a safety issue for the community.

3 Also on that transcript from
4 November the 8th, on page 79, outpatient versus
5 inpatient. The criteria as to whether a person
6 is outpatient or inpatient comes from the
7 American Association of Addiction Medicine and
8 insurance companies. RCA, through their
9 testimony before this board, has said that
10 insurance companies and that association play a
11 large part as to when and where that patient
12 goes. That could create a safety situation
13 within the facility.

14 And the transcript from December the
15 13th, on page 35, says that drug addicts are
16 smart, at times desperate, and their personality
17 sometimes matches their addiction. That's true.
18 I've spent 35 years in the PD. I've seen
19 thousands of drug addicts and people with alcohol
20 (sic). That can create another safety problem
21 for the facility and for the people outside.

22 The business is self-regulated. RCA
23 has chosen accreditation by a commission called
24 the Joint Commission of Hospitals, and the
25 industry is governed by the New Jersey Office of

1 Licensure, but only once a year. No other
2 inspections or regulations are imposed. RCA sets
3 the policies, the procedures, the guidelines, the
4 assessments, and the protocols. Again, it's a
5 safety problem.

6 I need to bring up from testimony
7 from Dr. Carise -- I hope I'm pronouncing that
8 right -- of December the 13th, 2017, starting on
9 page 6, Danvers, Massachusetts, two deaths, one
10 in February of 2017, the other in August of 2017.
11 An investigation took place by the state of
12 Massachusetts.

13 Upon receiving and reading the
14 results of this investigation, it was revealed
15 that RCA did not have the proper policies,
16 procedures, guidelines, assessments, and
17 protocols in place in regards to their patients.
18 That facility, Danvers, Massachusetts, was under
19 the complete control of RCA during the whole
20 time, from February 2017 to August 2017. This
21 set of facts goes to the credibility of RCA in
22 regards to safety.

23 I must note, according to testimony,
24 RCA representatives tell this board that the
25 policies, procedures, guidelines, protocols, and

1 assessments will be in place for the Sayreville
2 facility, but they were not adhered to in
3 Massachusetts, and only revealed after the state
4 of Massachusetts started an investigation. How
5 do I know that the safety of the public and the
6 safety of their patients will be adhered to by
7 the policies and procedures of RCA? It certainly
8 didn't apply to Danvers, Massachusetts. This is
9 credibility. This credibility is relevant to
10 this Sayreville application.

11 This facility is also very close to
12 an elementary school and residential properties.
13 Safety in the area could be compromised, and
14 there's a chance, and I'm not willing to take
15 that chance with this application.

16 (Audience applause.)

17 MR. KEMM: Members of the public,
18 please, we showed respect to you when you all
19 came up to the microphone and spoke; please give
20 the chairman and the board the same respect in
21 putting their reasons on the record.

22 Thank you.

23 Mr. Chairman?

24 CHAIRMAN GREEN: Thank you.

25 Testimony that was provided

1 indicates that there will be no doctor on the
2 premises at night, and only one R.N. is allotted,
3 which, to me, staffing with 149 beds, and
4 approximately 20 outpatient cares per day, tells
5 me that staffing could be a problem and compound
6 safety issues.

7 And lastly, I want to say this: I
8 am not against RCA. Yes, it is needed; not only
9 in the area, but in New Jersey, and really across
10 the United States. The issue here is the area,
11 residential, senior citizens, a school, and the
12 dense population. Public transportation is also
13 limited. There are many other areas within
14 Sayreville that could be explored for this type
15 of facility.

16 Mr. Brian O'Neill, CEO of RCA, he
17 knows Sayreville very well. He was the executive
18 in charge of a redevelopment project here for
19 many years. He can find a suitable parcel of
20 land that could be available for this type of
21 project. Sayreville understands this type of
22 needed use, just not at the present location.

23 That is the reason I voted no.

24 VICE CHAIRMAN HENRY: Mr. Chairman,
25 if I may.

1 I agree with a lot of what Mr. Green
2 says here, Chairman Green, and I just want to
3 make comment too, as to the police officer that
4 came up here had indicated one of these
5 facilities, they needed to have additional police
6 patrols around these facilities. I'm not sure
7 what the actual reasons were, but it cost the --
8 you know, the -- they seemed to need to have
9 those additional police officers at these
10 facilities, and I think that would be concern too
11 for the residents of the area.

12 COMMISSIONER ESPOSITO: Okay. I'll
13 be brief.

14 So while I definitely believe, and I
15 think most of us do, that there's a need for RCA,
16 and facilities like them, as a sitting board
17 member on the board of education, it alarms me,
18 to say the least, at how close it is to one of
19 our elementary schools. The ramifications, in my
20 opinion, of when something happens, versus if
21 something happens, keeps me up at night.

22 Now, security is not the only issue;
23 the main issue, in my opinion, is also a
24 financial issue. I think the people who own
25 homes in that area are convinced, as I am, that

1 they're not safe -- entirely safe when they leave
2 their homes at night, or even during the day. In
3 previous testimony, RCA had mentioned that there
4 is one un-armed security guard within the entire
5 complex. I think that the complex is huge; I
6 don't think it's nearly enough.

7 And they were kind enough, when we
8 raised some objections about security, and about
9 personnel, that they would increase security,
10 they'd say, okay, well, what do you think the
11 proper number of security guards are, we'll man
12 them, we'll put them to work? As far as people
13 coming and going, they would make sure that they
14 would be escorted off the property, they just
15 couldn't leave on their own.

16 And I appreciate that very much, but
17 what bothers me a little bit here is that these
18 should have been put in place before we had to
19 ask. If my math is correct, you'll bill around
20 \$37,000,000 a year, 750 a day times 150 beds, or
21 thereabouts, you could certainly afford more
22 personnel.

23 I also look at these people who have
24 homes in the area, and I've looked at this pretty
25 extensively, and it looks as though home values

1 would be reduced about 17 percent. Now, for most
2 people, this is their biggest asset, some their
3 only asset, and to lose 17 percent is extremely
4 distressing, to say the least.

5 And quite honestly, on a personal
6 level, I'm in this town 16 years. I've made
7 quite a few friends, I've seen them in stores, in
8 parks, I see them at Sayreville Day and
9 Independence Day, and I don't think I could look
10 in their eyes and say, you know what? I voted
11 yes for this to come in, in this particular area,
12 and I had no regard for your safety. I just
13 couldn't do it. I couldn't sleep at night.

14 And I understand firsthand how drugs
15 can tear families apart. And while I agree
16 wholeheartedly they're needed, and I would
17 welcome one in Sayreville in the correct area,
18 just not where it is right now.

19 So that's why I voted no.

20 (Audience applause.)

21 COMMISSIONER EMMA: My fellow board
22 members already covered a lot of the things that
23 I was going to discuss, and I agree with them.

24 Public safety concerns troubled me
25 the most. The proximity to the school, how

1 residential areas surround the facility, and all
2 you need is one accident, all you need is one
3 person to escape, and they're really -- if
4 somebody wants out, there's really nothing
5 stopping them from leaving. If they want out,
6 they'll figure out a way to break out.

7 So for those reasons, and the
8 reasons already mentioned, I won't repeat them, I
9 voted against the facility.

10 COMMISSIONER KUCZYNSKI: Yeah, I'd
11 like to state my reasons for voting against the
12 application, but first I'd like to just say that
13 we're up here making a decision on facts, we have
14 to weigh different facts on both sides. So it's
15 not a political rally. We can't just use our
16 emotions, we have to base this decision on facts.
17 It's like we're judges up here. And I think the
18 board members have done that. I know it gets
19 emotional sometimes on both sides, the counsel
20 for the applicant said he was touched by this
21 application, he has many years of practice, and
22 this is maybe one of the few times he's been
23 touched. I think the members of the board have
24 been touched also up here, from what we've heard
25 from their side, on how they described the people

1 that they deal with.

2 But when it comes down to it, we
3 have to deal with the facts and the law. I've
4 been on the board a long time. I take the Sica
5 test very seriously. I know we just can't say we
6 don't like it, and hope that we made the right
7 decision. So I do take that very seriously.

8 So for the benefits, there's no
9 doubt that this is an inherently beneficial use.
10 I don't think Sayreville is against it; I think
11 it's just in the wrong location.

12 The detriments, there's a couple
13 that come to mind. The school is so close.
14 Schoolchildren are walking right in front of the
15 facility. So that's just a detriment.

16 Police officers have stated that it
17 draws a poor element near the facility. People
18 that live nearby basically said that they're
19 going to move out, they have families which are
20 going to move out to protect their families. I
21 think it's going to possibly disable the --
22 distable (sic) the community. You know, we have
23 families they're, they're going to move out, and
24 possibly other types move in. You know,
25 Sayreville is a family oriented, working

1 community, so I don't want that neighborhood to
2 change because of this.

3 Yes, it's in the PRIME zone, which
4 is the true, the boundary line is probably
5 Ernston Road, but the neighborhood is right
6 across the street, so there's also master plan
7 considerations. There's more than just one zone,
8 there's the master plan. PRIME zone has many
9 other friendly uses to residents that could fit
10 there.

11 So these detriments can't really --
12 we can't put conditions on them. We can't move
13 the neighborhood, we can't move the school, so we
14 can't change things. So when you do the balance
15 test, it just -- it just doesn't work out for the
16 applicant. I think there's other places in
17 Sayreville that would be more suitable, and
18 certainly Sayreville would welcome that.

19 But those are my reasons for voting
20 against the application.

21 COMMISSIONER CATALLO: I believe
22 that we have a very big problem here in the state
23 of New Jersey with -- a drug problem, and I
24 believe that we do need something in Sayreville.
25 We have our children that we have to worry about,

1 our grandchildren, somewhere down the road we
2 have to worry about all this.

3 But I also believe that we need to
4 protect the children that we have right next to
5 this rehabilitation center that they want to put
6 there. It's no good. We're 200 feet away from
7 each other. They're babies. They're not even
8 the older children that maybe would know what's
9 going on, or what they're saying to them.
10 They're babies. They're innocent.

11 So, therefore, I have to say no to
12 this rehabilitation center in that area. In any
13 other area of Sayreville, I probably would go
14 along with it, but it scares me to have a
15 rehabilitation center so close to a school.

16 COMMISSIONER CORRIGAN: When I first
17 came in tonight, I was concerned that we were
18 going to be listening to a mob, and we didn't
19 have to listen to a mob, we listened to a
20 community, a united community, whose ideas were
21 compelling, intelligent, and very, very real.

22 From my point of view, there is no
23 more an important objective to have begin with,
24 is to protect both our children and our elderly,
25 who would almost certainly be the victims of any

1 type of brazen crime.

2 So I -- in all the weighing of all
3 the facts, and all the conditions, I could not
4 destroy the quality of life for the people in
5 this neighborhood, and to put the people of the
6 school, the children of the school, in danger.

7 So I had to vote no.

8 (Audience applause.)

9 CHAIRMAN GREEN: Okay. That
10 concludes this application on RCA.

11 (Audience applause.)

12 (Whereupon, the hearing concluded at
13 11:17 p.m.)

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C E R T I F I C A T E

I, Michael Lombardozzi, a Notary Public and Certified Court Reporter of the State of New Jersey, do hereby certify that the foregoing is a true and accurate transcript of the testimony as taken stenographically by and before me at the time, place, and on the date hereinbefore set forth.

I do further certify that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel and that I am not financially interested in this action.

Michael Lombardozzi,
Notary Public, State of New Jersey
NCRA ID: 6532
Date: 2018-01-28

#	1306 [1] - 51:1 13th [4] - 23:16, 23:18, 136:15, 137:8 14 [1] - 102:7 149 [1] - 139:3 15 [1] - 33:11 150 [2] - 135:8, 141:20 16 [2] - 32:9, 142:6 167 [1] - 1:7 17 [3] - 44:3, 142:1, 142:3 17-29 [1] - 4:2 18 [1] - 96:12 1981 [1] - 65:8	136:15, 136:18 38 [2] - 3:13, 3:14	79 [2] - 2:23, 136:4 7:55 [1] - 1:8	accommodations [8] - 16:24, 17:1, 17:3, 45:25, 51:21, 65:25, 132:12 accommodation [11] - 9:5, 9:14, 9:15, 16:12, 17:8, 17:11, 22:15, 36:12, 36:13, 65:20, 66:2 accompli [1] - 101:18 according [1] - 137:23 accordingly [1] - 127:3 accountable [1] - 108:19 accreditation [1] - 136:23 accrediting [1] - 37:1 accurate [1] - 148:8 accuse [2] - 47:25, 51:18 achieve [1] - 13:22 acknowledged [1] - 8:21 Act [18] - 3:14, 16:15, 16:16, 16:22, 16:24, 17:7, 38:12, 115:21, 127:9, 127:10, 129:21, 130:6, 130:23, 130:24, 132:2, 132:3, 132:11 act [3] - 75:22, 84:14, 111:7 acting [1] - 87:5 action [7] - 5:6, 128:22, 130:1, 130:10, 132:22, 148:14, 148:17 actions [2] - 119:24, 127:16 actively [1] - 16:20 activity [1] - 129:21 acts [1] - 86:15 actual [1] - 140:7 ADA [2] - 17:6, 119:24 adamantly [1] - 108:23 add [3] - 17:15, 49:5, 124:20 addict [3] - 86:17, 86:22, 102:10 addicted [9] - 24:22, 40:16, 40:24, 41:7, 62:14, 68:23, 86:20, 92:8, 107:16 addiction [21] - 16:20, 25:3, 25:10, 25:11, 27:23, 29:24, 31:20, 32:22, 33:16, 34:12, 35:6, 41:18, 43:18,
#17-29 [1] - 1:3				
\$				
\$37,000,000 [1] - 141:20 \$62,000,000 [1] - 50:13				
0				
08816 [1] - 1:24 08872 [1] - 1:8				
1	2			
1 [2] - 1:5, 102:2 1,000 [1] - 56:23 1,500 [2] - 60:12, 60:13 10 [3] - 55:12, 68:10, 102:22 10-minute [1] - 69:1 100 [2] - 2:15, 104:5 101 [3] - 2:16, 2:17, 40:8 102 [1] - 2:18 103 [1] - 2:19 104 [3] - 2:20, 2:21, 61:17 105 [1] - 2:22 108 [1] - 2:23 109 [1] - 2:24 10:30 [1] - 110:1 11 [1] - 103:2 11-year-old [3] - 43:12, 76:21, 77:3 110 [1] - 88:14 111 [1] - 2:25 112 [1] - 3:3 113 [1] - 3:4 114 [1] - 3:5 115 [2] - 3:6, 55:8 116 [1] - 119:5 117 [2] - 3:7, 3:8 118 [2] - 3:9, 116:4 119 [2] - 3:3, 96:4 11:17 [1] - 147:13 11:45 [1] - 111:3 12 [2] - 85:3, 112:14 120 [1] - 3:4 121 [1] - 85:21 122 [2] - 3:5, 3:6 123 [3] - 3:7, 3:8, 88:21 126 [1] - 112:11 13-year-old [2] - 107:10, 110:7	2 [2] - 39:19, 57:7 20 [10] - 52:2, 55:11, 65:7, 95:6, 104:1, 104:13, 113:16, 115:1, 120:15, 139:4 20-something-year-old [1] - 108:11 200 [3] - 39:21, 135:8, 146:6 2003 [1] - 108:10 2008 [1] - 100:17 2011 [1] - 114:25 2017 [6] - 55:25, 137:8, 137:10, 137:20 2018 [1] - 1:7 2018-01-28 [1] - 148:21 21 [5] - 60:2, 89:22, 90:2, 107:5, 113:14 22 [3] - 45:14, 108:7, 114:20 24 [5] - 1:7, 2:4, 31:5, 84:24, 122:9 25 [3] - 33:11, 83:25, 91:9 2502 [1] - 89:19 251 [1] - 61:14 26 [2] - 24:12, 112:1 27 [2] - 79:1, 104:24 29 [1] - 1:23	4 4 [2] - 42:24, 117:10 4.1 [1] - 68:9 40 [2] - 2:8, 88:23 400 [1] - 51:10 40:55D-70(d)(1) [1] - 10:1 42 [4] - 2:9, 78:8, 78:10, 118:22 44 [2] - 2:10, 101:13 452 [1] - 1:5 46 [1] - 2:11 48 [1] - 70:21	8 8 [1] - 117:22 80 [1] - 2:24 81 [2] - 2:25, 97:4 83 [2] - 2:4, 109:12 84 [1] - 2:5 85 [1] - 2:6 87 [4] - 2:7, 2:9, 87:23, 135:7 88 [2] - 2:8, 86:1 89 [1] - 2:10 8th [2] - 135:7, 136:4	accommodations [8] - 16:24, 17:1, 17:3, 45:25, 51:21, 65:25, 132:12 accommodation [11] - 9:5, 9:14, 9:15, 16:12, 17:8, 17:11, 22:15, 36:12, 36:13, 65:20, 66:2 accompli [1] - 101:18 according [1] - 137:23 accordingly [1] - 127:3 accountable [1] - 108:19 accreditation [1] - 136:23 accrediting [1] - 37:1 accurate [1] - 148:8 accuse [2] - 47:25, 51:18 achieve [1] - 13:22 acknowledged [1] - 8:21 Act [18] - 3:14, 16:15, 16:16, 16:22, 16:24, 17:7, 38:12, 115:21, 127:9, 127:10, 129:21, 130:6, 130:23, 130:24, 132:2, 132:3, 132:11 act [3] - 75:22, 84:14, 111:7 acting [1] - 87:5 action [7] - 5:6, 128:22, 130:1, 130:10, 132:22, 148:14, 148:17 actions [2] - 119:24, 127:16 actively [1] - 16:20 activity [1] - 129:21 acts [1] - 86:15 actual [1] - 140:7 ADA [2] - 17:6, 119:24 adamantly [1] - 108:23 add [3] - 17:15, 49:5, 124:20 addict [3] - 86:17, 86:22, 102:10 addicted [9] - 24:22, 40:16, 40:24, 41:7, 62:14, 68:23, 86:20, 92:8, 107:16 addiction [21] - 16:20, 25:3, 25:10, 25:11, 27:23, 29:24, 31:20, 32:22, 33:16, 34:12, 35:6, 41:18, 43:18,
	3	5 5 [4] - 44:18, 64:25, 107:5, 111:7 50 [3] - 2:12, 72:14, 122:21 53 [1] - 2:13 54 [2] - 47:8, 47:9 55 [3] - 2:14, 72:9, 86:22 56 [2] - 65:6, 93:12 57 [2] - 2:15, 65:6 59 [1] - 2:16	9 9 [2] - 102:17, 120:12 90 [1] - 36:19 901 [3] - 1:5, 4:3, 4:8 904 [2] - 105:16, 107:2 93 [1] - 2:11 94 [1] - 2:12 95 [1] - 2:13 98 [2] - 2:14, 53:13 99 [1] - 32:16	accommodations [8] - 16:24, 17:1, 17:3, 45:25, 51:21, 65:25, 132:12 accommodation [11] - 9:5, 9:14, 9:15, 16:12, 17:8, 17:11, 22:15, 36:12, 36:13, 65:20, 66:2 accompli [1] - 101:18 according [1] - 137:23 accordingly [1] - 127:3 accountable [1] - 108:19 accreditation [1] - 136:23 accrediting [1] - 37:1 accurate [1] - 148:8 accuse [2] - 47:25, 51:18 achieve [1] - 13:22 acknowledged [1] - 8:21 Act [18] - 3:14, 16:15, 16:16, 16:22, 16:24, 17:7, 38:12, 115:21, 127:9, 127:10, 129:21, 130:6, 130:23, 130:24, 132:2, 132:3, 132:11 act [3] - 75:22, 84:14, 111:7 acting [1] - 87:5 action [7] - 5:6, 128:22, 130:1, 130:10, 132:22, 148:14, 148:17 actions [2] - 119:24, 127:16 actively [1] - 16:20 activity [1] - 129:21 acts [1] - 86:15 actual [1] - 140:7 ADA [2] - 17:6, 119:24 adamantly [1] - 108:23 add [3] - 17:15, 49:5, 124:20 addict [3] - 86:17, 86:22, 102:10 addicted [9] - 24:22, 40:16, 40:24, 41:7, 62:14, 68:23, 86:20, 92:8, 107:16 addiction [21] - 16:20, 25:3, 25:10, 25:11, 27:23, 29:24, 31:20, 32:22, 33:16, 34:12, 35:6, 41:18, 43:18,
		6 6 [3] - 59:25, 124:2, 137:9 61 [3] - 2:17, 44:3, 95:4 63 [2] - 46:23, 91:2 64 [1] - 2:18 6405 [1] - 98:16 65 [1] - 114:8 6532 [1] - 148:21 68 [1] - 35:20 69 [1] - 77:25	A A-R-B-O-L-E-D-A [1] - 100:13 A-S-T-A-R-I-T-A [1] - 111:17 ability [3] - 32:25, 126:4, 127:12 able [7] - 9:17, 20:7, 25:7, 56:10, 86:2, 91:19, 97:1 absolutely [6] - 21:19, 87:12, 108:23, 109:3, 110:14, 111:9 Abuse [1] - 36:18 abuse [6] - 8:4, 8:10, 13:2, 13:17, 19:25, 36:22 abysmal [1] - 37:4 accept [1] - 14:23 access [7] - 17:3, 25:14, 30:3, 36:22, 46:3, 50:1, 58:3 accessible [1] - 28:25 accident [1] - 143:2 accommodate [2] - 14:16, 28:16 accommodated [1] - 36:14 accommodating [1] - 7:19	accommodations [8] - 16:24, 17:1, 17:3, 45:25, 51:21, 65:25, 132:12 accommodation [11] - 9:5, 9:14, 9:15, 16:12, 17:8, 17:11, 22:15, 36:12, 36:13, 65:20, 66:2 accompli [1] - 101:18 according [1] - 137:23 accordingly [1] - 127:3 accountable [1] - 108:19 accreditation [1] - 136:23 accrediting [1] - 37:1 accurate [1] - 148:8 accuse [2] - 47:25, 51:18 achieve [1] - 13:22 acknowledged [1] - 8:21 Act [18] - 3:14, 16:15, 16:16, 16:22, 16:24, 17:7, 38:12, 115:21, 127:9, 127:10, 129:21, 130:6, 130:23, 130:24, 132:2, 132:3, 132:11 act [3] - 75:22, 84:14, 111:7 acting [1] - 87:5 action [7] - 5:6, 128:22, 130:1, 130:10, 132:22, 148:14, 148:17 actions [2] - 119:24, 127:16 actively [1] - 16:20 activity [1] - 129:21 acts [1] - 86:15 actual [1] - 140:7 ADA [2] - 17:6, 119:24 adamantly [1] - 108:23 add [3] - 17:15, 49:5, 124:20 addict [3] - 86:17, 86:22, 102:10 addicted [9] - 24:22, 40:16, 40:24, 41:7, 62:14, 68:23, 86:20, 92:8, 107:16 addiction [21] - 16:20, 25:3, 25:10, 25:11, 27:23, 29:24, 31:20, 32:22, 33:16, 34:12, 35:6, 41:18, 43:18,
		7 7 [4] - 76:4, 106:11, 106:12, 123:10 70 [1] - 2:19 700 [1] - 62:17 72 [1] - 2:20 732-690-2411 [1] - 1:24 75 [1] - 2:21 750 [1] - 141:20 76 [1] - 70:23 77 [1] - 2:22 780 [1] - 50:7		

<p>49:25, 65:15, 81:19, 92:9, 114:23, 121:22, 132:9, 136:17</p> <p>Addiction [1] - 136:7</p> <p>additions [2] - 13:10, 32:18</p> <p>addicts [9] - 67:3, 68:9, 71:22, 90:9, 99:4, 123:14, 123:18, 136:15, 136:19</p> <p>addition [2] - 13:13, 14:1</p> <p>additional [4] - 70:24, 71:16, 140:5, 140:9</p> <p>address [42] - 7:11, 8:14, 14:24, 31:4, 32:8, 32:12, 36:7, 42:23, 58:9, 61:13, 64:24, 67:22, 70:21, 81:12, 83:24, 85:6, 87:4, 89:18, 93:11, 96:3, 96:4, 100:16, 101:12, 102:1, 102:16, 103:25, 104:12, 105:15, 108:6, 111:24, 112:10, 113:13, 114:19, 117:9, 118:22, 120:12, 121:15, 122:20, 123:9, 124:1, 125:4, 126:4</p> <p>addressed [3] - 14:20, 15:2, 19:4</p> <p>addressing [1] - 13:23</p> <p>adds [1] - 50:2</p> <p>adequate [1] - 45:24</p> <p>adhered [3] - 113:23, 138:2, 138:6</p> <p>adjourn [1] - 131:5</p> <p>adjourning [1] - 130:8</p> <p>ADJUSTMENT [1] - 1:1</p> <p>administering [1] - 26:24</p> <p>admission [1] - 15:4</p> <p>adult [1] - 62:3</p> <p>adults [2] - 44:22, 46:13</p> <p>advances [1] - 10:21</p> <p>advice [4] - 127:21, 130:3, 130:14, 132:23</p> <p>advised [1] - 132:4</p> <p>aesthetic [1] - 14:9</p> <p>aesthetics [1] - 16:1</p> <p>affected [1] - 8:13</p> <p>affecting [1] - 70:13</p>	<p>affects [1] - 91:23</p> <p>affiliate [1] - 4:9</p> <p>afford [1] - 141:21</p> <p>affordable [1] - 62:17</p> <p>afraid [3] - 34:8, 97:21, 99:10</p> <p>age [2] - 44:3, 77:1</p> <p>aggressive [1] - 75:5</p> <p>aging [1] - 107:5</p> <p>ago [12] - 33:11, 66:3, 74:2, 78:11, 89:22, 92:15, 96:16, 98:22, 102:7, 105:25, 113:16, 121:22</p> <p>agree [14] - 8:6, 21:18, 21:23, 21:24, 32:14, 58:20, 66:1, 77:4, 88:10, 93:25, 95:15, 140:1, 142:15, 142:23</p> <p>agreed [1] - 18:14</p> <p>agreement [1] - 50:9</p> <p>agrees [1] - 38:20</p> <p>ahead [4] - 24:16, 79:22, 80:17, 134:8</p> <p>aides [1] - 35:1</p> <p>AI [4] - 2:11, 2:17, 46:22, 61:11</p> <p>alarm [1] - 100:2</p> <p>alarms [1] - 140:17</p> <p>alcohol [8] - 11:18, 11:23, 17:14, 44:23, 45:9, 104:4, 132:9, 136:19</p> <p>Alcoholism [1] - 13:15</p> <p>alcoholism [1] - 13:16</p> <p>Alejandra [2] - 2:12, 95:3</p> <p>alive [1] - 86:23</p> <p>alley [1] - 102:11</p> <p>allotted [1] - 139:2</p> <p>allow [4] - 10:5, 23:6, 87:3, 90:18</p> <p>allowed [2] - 57:21, 62:24</p> <p>allowing [1] - 82:9</p> <p>alls [1] - 115:18</p> <p>almost [6] - 18:25, 32:19, 101:2, 102:22, 120:15, 146:25</p> <p>alone [1] - 92:16</p> <p>Amboy [7] - 25:24, 66:4, 66:9, 71:2, 71:3, 71:4, 71:6</p> <p>AMERICA [1] - 1:4</p> <p>America [1] - 4:3</p> <p>American [3] - 36:24, 127:9, 136:7</p> <p>Americans [4] - 16:16,</p>	<p>130:24, 132:1, 132:10</p> <p>amount [2] - 5:2, 40:25</p> <p>Amy [1] - 37:4</p> <p>analysis [1] - 15:8</p> <p>analyzed [1] - 39:23</p> <p>Anderson [1] - 2:24</p> <p>ANDERSON [2] - 109:11, 109:12</p> <p>Anguish [1] - 19:19</p> <p>Ann [2] - 2:15, 57:6</p> <p>answer [12] - 28:4, 48:12, 48:13, 62:23, 63:5, 63:17, 68:1, 68:3, 69:8, 69:9, 69:16, 126:11</p> <p>answered [1] - 25:23</p> <p>ANTHONY [1] - 1:13</p> <p>anticipate [1] - 19:8</p> <p>anyway [1] - 37:7</p> <p>apart [2] - 90:15, 142:15</p> <p>appeal [1] - 18:15</p> <p>applause [66] - 26:4, 26:13, 26:18, 27:6, 28:2, 28:12, 28:20, 29:3, 29:10, 30:14, 33:5, 34:10, 35:18, 40:1, 42:3, 42:9, 43:25, 46:17, 47:5, 48:8, 48:14, 49:4, 51:16, 51:22, 52:17, 55:14, 56:4, 56:14, 57:1, 58:12, 58:21, 59:19, 60:19, 61:6, 61:18, 67:7, 70:15, 72:3, 75:23, 76:16, 77:11, 79:7, 80:10, 81:1, 83:13, 87:18, 88:4, 90:12, 97:5, 98:8, 104:6, 111:11, 114:6, 114:12, 115:23, 118:16, 120:6, 121:10, 122:3, 122:13, 123:2, 125:19, 138:16, 142:20, 147:8, 147:11</p> <p>Applicant [1] - 1:20</p> <p>applicant [24] - 4:7, 5:5, 7:16, 9:10, 9:16, 14:18, 15:1, 17:5, 18:14, 18:20, 21:14, 25:16, 26:14, 26:25, 27:9, 28:13, 63:1, 63:2, 63:10, 63:13, 130:22, 132:16, 143:20, 145:16</p> <p>applicant's [8] - 10:9,</p>	<p>10:25, 14:10, 14:14, 18:6, 21:24, 22:21, 132:5</p> <p>application [40] - 4:2, 4:21, 5:22, 7:15, 8:7, 8:21, 9:2, 15:13, 15:18, 16:8, 18:17, 19:12, 26:15, 26:16, 27:9, 30:16, 71:20, 75:21, 83:15, 83:17, 127:2, 128:8, 130:16, 130:17, 133:4, 133:7, 134:12, 134:17, 134:23, 134:24, 134:25, 135:1, 135:2, 135:4, 138:10, 138:15, 143:12, 143:21, 145:20, 147:10</p> <p>applications [3] - 10:3, 18:12, 20:14</p> <p>apply [1] - 138:8</p> <p>appreciate [3] - 6:23, 7:19, 141:16</p> <p>appreciated [1] - 73:11</p> <p>appropriate [5] - 24:24, 26:10, 29:1, 95:14, 95:17</p> <p>approval [7] - 9:12, 27:14, 29:5, 47:1, 50:5, 68:6, 70:5</p> <p>approve [6] - 22:4, 62:2, 70:3, 84:8, 89:10, 122:24</p> <p>approved [5] - 15:13, 15:18, 21:10, 114:4, 120:1</p> <p>approving [1] - 48:22</p> <p>Arboleda [1] - 2:15</p> <p>ARBOLEDA [2] - 100:12, 100:17</p> <p>ARE [1] - 2:2</p> <p>area [44] - 18:11, 27:16, 29:1, 31:24, 32:1, 34:6, 34:17, 40:12, 52:5, 55:19, 60:6, 60:17, 66:8, 73:6, 78:10, 78:24, 78:25, 81:19, 82:12, 82:14, 82:18, 82:21, 86:11, 89:7, 95:14, 108:24, 108:25, 113:24, 114:22, 117:24, 117:25, 118:14, 134:20, 138:13, 139:9, 139:10, 140:11, 140:25, 141:24,</p>	<p>142:11, 142:17, 146:12, 146:13</p> <p>areas [7] - 26:6, 27:24, 28:15, 28:24, 70:13, 139:13, 143:1</p> <p>armed [2] - 45:3, 141:4</p> <p>arrest [1] - 57:14</p> <p>article [16] - 19:16, 19:20, 19:21, 36:24, 37:13, 38:16, 38:23, 55:24, 56:6, 73:25, 74:4, 74:6, 74:11, 74:25, 75:9, 75:20</p> <p>articles [1] - 54:7</p> <p>articulate [1] - 49:11</p> <p>aspect [2] - 15:7, 50:11</p> <p>assessments [3] - 137:4, 137:16, 138:1</p> <p>asset [2] - 142:2, 142:3</p> <p>assign [1] - 55:17</p> <p>Association [2] - 36:19, 136:7</p> <p>association [2] - 37:2, 136:10</p> <p>assure [1] - 108:15</p> <p>ASTARITA [3] - 111:16, 112:1, 112:3</p> <p>Astarita [2] - 2:25, 111:16</p> <p>atmosphere [1] - 98:24</p> <p>attempt [1] - 134:24</p> <p>Attorney [2] - 1:18, 1:20</p> <p>attorney [12] - 4:4, 4:24, 18:6, 51:20, 65:19, 93:2, 126:20, 127:22, 130:3, 132:6, 148:13, 148:16</p> <p>attorney-client [1] - 130:3</p> <p>Audience [83] - 6:21, 14:11, 16:5, 17:19, 17:22, 20:1, 20:17, 21:12, 21:16, 22:5, 22:16, 23:4, 23:10, 26:4, 26:13, 26:18, 27:6, 28:2, 28:12, 28:20, 29:3, 29:10, 30:14, 33:5, 34:10, 35:18, 40:1, 42:3, 42:9, 43:25, 46:17, 47:5, 48:8, 48:14, 49:4, 51:16, 51:22, 52:17, 55:14, 56:4, 56:14, 57:1, 58:12,</p>
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<p>58:21, 59:19, 60:19, 61:6, 61:18, 63:7, 64:1, 64:5, 67:7, 70:15, 72:3, 75:23, 76:16, 77:11, 79:7, 80:10, 81:1, 83:13, 85:14, 87:18, 88:4, 90:12, 97:5, 98:8, 104:6, 111:11, 114:6, 114:12, 115:23, 118:16, 120:6, 121:10, 122:3, 122:13, 123:2, 125:19, 138:16, 142:20, 147:8, 147:11</p> <p>AUDIENCE [2] - 2:2, 3:1</p> <p>August [3] - 55:25, 137:10, 137:20</p> <p>aunt [4] - 86:23, 87:1, 87:3</p> <p>autism [1] - 91:7</p> <p>automobile [1] - 47:8</p> <p>available [2] - 129:24, 139:20</p> <p>Avenue [10] - 61:14, 68:22, 70:12, 70:22, 77:25, 107:3, 108:7, 112:1, 114:20, 115:12</p> <p>avenue [1] - 87:23</p> <p>AVP [1] - 107:7</p> <p>aware [3] - 86:14, 88:24, 130:21</p>	<p>55:15, 56:5, 56:15, 57:13, 58:13, 58:17, 58:22</p> <p>BARREE [1] - 1:16</p> <p>bars [1] - 62:4</p> <p>Bartlinski [3] - 2:18, 64:22, 71:2</p> <p>BARTLINSKI [11] - 64:22, 64:25, 65:4, 65:24, 67:8, 67:16, 67:20, 67:23, 68:2, 69:24, 70:7</p> <p>BARTOLOTTI [3] - 89:12, 89:19, 90:13</p> <p>Bartolotti [2] - 2:9, 89:13</p> <p>base [2] - 28:18, 143:16</p> <p>baseball [1] - 44:25</p> <p>based [5] - 14:15, 15:20, 22:3, 41:5, 75:1</p> <p>bases [1] - 84:12</p> <p>basic [1] - 32:2</p> <p>basketball [1] - 99:12</p> <p>bat [2] - 30:11, 44:25</p> <p>battling [1] - 115:1</p> <p>Bayhead [1] - 100:18</p> <p>Beacon [1] - 71:7</p> <p>bear [3] - 7:16, 18:24, 134:13</p> <p>beat [2] - 34:3, 86:21</p> <p>beautiful [1] - 105:25</p> <p>became [1] - 65:7</p> <p>become [3] - 92:12, 92:13, 136:2</p> <p>becoming [2] - 54:9, 75:10</p> <p>bed [2] - 25:6, 34:5</p> <p>beds [6] - 32:18, 39:15, 39:21, 62:17, 139:3, 141:20</p> <p>beg [2] - 87:15, 90:17</p> <p>begging [1] - 34:11</p> <p>begin [3] - 87:7, 113:24, 146:23</p> <p>beginning [1] - 119:11</p> <p>Behind [1] - 55:25</p> <p>behind [8] - 39:12, 54:15, 60:21, 61:24, 72:12, 105:23, 124:16, 129:20</p> <p>belief [1] - 10:9</p> <p>believes [1] - 17:5</p> <p>beneficial [16] - 10:19, 11:15, 11:20, 11:22, 12:7, 12:21, 15:22, 22:1, 26:16, 26:17, 27:8, 27:12, 30:8, 73:19, 73:21, 144:9</p>	<p>benefit [2] - 7:21, 60:25</p> <p>benefits [3] - 15:12, 15:17, 144:8</p> <p>Bennington [2] - 2:25, 81:10</p> <p>BENNINGTON [4] - 81:10, 81:13, 81:16, 83:2</p> <p>best [7] - 27:2, 29:8, 29:14, 61:3, 61:23, 102:9, 121:5</p> <p>better [5] - 37:9, 37:11, 112:15, 120:18, 120:22</p> <p>Biesiada [3] - 44:18, 76:4, 120:12</p> <p>big [9] - 32:1, 43:7, 45:22, 66:21, 70:3, 94:7, 95:9, 135:3, 145:22</p> <p>bigger [2] - 33:22, 76:15</p> <p>biggest [2] - 57:20, 142:2</p> <p>bill [3] - 62:18, 68:4, 141:19</p> <p>Bill [2] - 3:5, 114:17</p> <p>bit [1] - 141:17</p> <p>black [1] - 42:13</p> <p>bless [1] - 24:23</p> <p>blessed [1] - 79:5</p> <p>Block [1] - 1:5</p> <p>blood [1] - 87:1</p> <p>Board [1] - 1:18</p> <p>BOARD [2] - 1:1, 1:9</p> <p>board [77] - 4:15, 4:25, 7:21, 7:22, 7:25, 8:2, 8:16, 9:7, 9:8, 12:13, 14:24, 15:1, 15:2, 15:19, 18:15, 19:14, 20:22, 21:5, 22:4, 22:13, 23:3, 29:6, 29:8, 31:16, 32:21, 37:10, 51:18, 53:3, 54:23, 55:19, 55:23, 59:17, 60:9, 62:2, 63:4, 63:5, 63:9, 67:22, 70:8, 84:5, 92:20, 96:23, 98:3, 103:9, 119:23, 120:15, 125:5, 126:9, 126:23, 127:2, 127:7, 127:12, 127:22, 127:25, 128:3, 128:20, 129:18, 129:22, 130:10, 130:14, 130:19, 131:7, 131:19,</p>	<p>131:24, 132:21, 134:5, 136:9, 137:24, 138:20, 140:16, 140:17, 142:21, 143:18, 143:23, 144:4</p> <p>board's [6] - 11:2, 14:20, 60:21, 126:20, 127:16, 133:3</p> <p>boards [3] - 10:4, 61:22, 98:3</p> <p>body [1] - 127:17</p> <p>books [1] - 34:24</p> <p>bookstore [2] - 62:3, 62:5</p> <p>boomer [1] - 73:3</p> <p>Bordentown [1] - 70:12</p> <p>borderline [1] - 71:4</p> <p>born [3] - 110:19, 110:20</p> <p>BOROUGH [1] - 1:1</p> <p>borough [15] - 9:1, 9:22, 20:6, 24:14, 25:15, 28:16, 28:23, 29:13, 45:22, 45:23, 65:6, 65:13, 71:12, 72:12, 87:14</p> <p>Borough [2] - 18:10, 64:15</p> <p>borough's [1] - 25:23</p> <p>Boston [6] - 55:25, 56:6, 73:24, 74:5, 75:2, 75:7</p> <p>bothers [1] - 141:17</p> <p>bottom [1] - 49:16</p> <p>bought [6] - 51:25, 52:4, 65:10, 85:4, 115:4</p> <p>Boulevard [8] - 1:23, 35:21, 46:23, 55:8, 91:3, 95:5, 96:5, 119:5</p> <p>boundary [1] - 145:4</p> <p>boys [1] - 106:1</p> <p>brazen [1] - 147:1</p> <p>break [4] - 41:12, 82:7, 95:21, 143:6</p> <p>breast [1] - 96:25</p> <p>Brian [1] - 139:16</p> <p>Briarwood [5] - 93:19, 94:3, 94:21, 114:3, 124:11</p> <p>Bridges [1] - 28:18</p> <p>brief [7] - 7:9, 44:19, 53:18, 93:17, 98:21, 131:17, 140:13</p> <p>bring [6] - 42:7, 50:9, 69:3, 109:15,</p>	<p>109:19, 137:6</p> <p>bringing [2] - 33:9, 82:17</p> <p>brings [2] - 49:22, 58:22</p> <p>broadly [1] - 132:1</p> <p>broken [1] - 44:5</p> <p>Bronx [1] - 120:18</p> <p>Brook [1] - 104:13</p> <p>Brooklyn [6] - 61:1, 89:23, 89:24, 90:17, 110:20, 118:13</p> <p>brothel [1] - 75:10</p> <p>brothels [1] - 54:9</p> <p>brought [2] - 54:17, 127:8</p> <p>Brunswick [2] - 1:24, 87:10</p> <p>brutalized [1] - 34:6</p> <p>Buchanan [1] - 77:25</p> <p>bud [1] - 90:11</p> <p>build [3] - 48:10, 48:20, 63:21</p> <p>builder [2] - 58:25, 59:1</p> <p>builders [1] - 59:2</p> <p>building [6] - 44:25, 46:14, 58:25, 100:19, 135:16, 135:17</p> <p>built [3] - 48:21, 51:3, 80:21</p> <p>burden [4] - 9:10, 11:15, 119:13, 119:16</p> <p>buried [1] - 68:16</p> <p>bus [6] - 51:8, 80:23, 99:20, 107:11, 110:1, 124:8</p> <p>business [8] - 39:12, 47:8, 47:9, 50:11, 96:24, 128:2, 129:22, 136:22</p> <p>businessman [1] - 50:12</p> <p>Bustos [2] - 2:12, 95:4</p> <p>BUSTOS [1] - 95:3</p> <p>busy [1] - 135:19</p> <p>butt [1] - 90:3</p> <p>buy [1] - 81:25</p>
B				
<p>B-A-R-T-L-I-N-S-K-I [1] - 64:23</p> <p>B-A-R-T-O-L-O-T-T-I [1] - 89:13</p> <p>B-E-N-N-I-N-G-T-O-N [1] - 81:11</p> <p>B-U-S-T-O-S [1] - 95:4</p> <p>babies [2] - 146:7, 146:10</p> <p>baby [1] - 73:3</p> <p>background [1] - 8:5</p> <p>backyard [1] - 111:10</p> <p>bad [1] - 80:23</p> <p>bait [1] - 51:15</p> <p>balance [1] - 145:14</p> <p>balancing [3] - 12:6, 15:8, 15:16</p> <p>bar [2] - 55:7, 66:7</p> <p>Barbara [2] - 3:4, 113:11</p> <p>Barr [1] - 2:14</p> <p>BARR [9] - 55:7, 55:8,</p>				
C				
<p>C-A-V-E-N-Y [1] - 101:11</p> <p>C-H-A-R-L-E-S [1] - 104:24</p> <p>C-I-B-E-L-L-I [1] - 96:2</p> <p>C-I-U-D-A-D [1] - 83:23</p>				

c-O-R-R-E-A [1] - 104:11 C-O-T-U-G-N-O [1] - 101:25 CA [1] - 50:25 California [1] - 66:7 Camelot [3] - 51:12, 54:13, 107:3 camera [1] - 34:3 cameras [9] - 135:8, 135:9, 135:10, 135:14, 135:15, 135:16, 135:19, 135:22, 135:25 Campbell [2] - 2:12, 50:25 CAMPBELL [5] - 50:25, 51:17, 51:23, 52:18, 69:21 cannot [10] - 17:24, 43:19, 44:6, 68:21, 92:7, 97:8, 109:3, 117:15, 118:14, 134:23 Cantor [1] - 107:7 capably [1] - 13:22 capacity [1] - 25:4 car [3] - 41:12, 41:24, 94:8 card [1] - 87:3 care [11] - 16:10, 32:12, 32:16, 43:17, 56:1, 69:19, 72:21, 85:5, 88:8, 96:25, 135:15 career [1] - 65:12 careful [1] - 7:25 carefully [2] - 19:22, 126:7 cares [1] - 139:4 Carise [4] - 8:9, 14:2, 135:7, 137:7 Carmen [2] - 2:12, 50:25 Carol [2] - 2:23, 108:5 case [8] - 4:17, 4:18, 5:5, 9:13, 17:9, 22:2, 30:9, 127:1 cases [2] - 10:4, 11:25 cash [1] - 69:17 Castle [1] - 81:13 Catalo [2] - 129:9, 133:20 CATALLO [5] - 1:12, 129:10, 131:11, 133:21, 145:21 categories [1] - 11:7 caused [1] - 13:9 causes [1] - 13:24 CAVENEY [2] -	101:10, 101:13 Caveney [2] - 2:16, 101:10 cells [1] - 135:17 cemeterian [2] - 42:20, 43:4 Cemetery [2] - 42:22, 43:5 cemetery [1] - 43:6 center [27] - 25:3, 25:25, 26:10, 28:14, 41:23, 42:1, 42:6, 42:11, 54:11, 75:1, 75:4, 76:22, 79:25, 92:9, 94:19, 95:16, 97:10, 97:20, 99:6, 103:8, 104:4, 119:19, 120:4, 124:15, 146:5, 146:12, 146:15 Centers [2] - 4:2, 56:2 CENTERS [1] - 1:4 centers [2] - 56:20, 80:21 CEO [1] - 139:16 certain [6] - 4:12, 8:24, 66:15, 67:3, 127:19, 132:11 certainly [14] - 5:21, 6:6, 6:17, 7:13, 8:21, 22:23, 28:15, 63:2, 79:2, 127:11, 138:7, 141:21, 145:18, 146:25 Certified [3] - 1:21, 1:23, 148:6 certified [2] - 96:24, 120:15 certify [2] - 148:7, 148:12 cetera [1] - 50:1 Chair [1] - 128:11 chair [2] - 5:7, 42:14 CHAIRMAN [32] - 4:1, 5:9, 23:11, 23:13, 23:24, 30:15, 77:18, 81:2, 83:14, 95:20, 125:20, 125:23, 125:25, 127:5, 128:6, 128:9, 129:1, 129:4, 129:6, 131:9, 131:14, 133:2, 133:5, 133:9, 133:14, 133:16, 133:25, 134:8, 134:10, 138:24, 139:24, 147:9 chairman [5] - 4:24, 6:8, 128:4, 130:18, 138:20	Chairman [15] - 1:10, 1:11, 4:6, 4:10, 7:20, 8:24, 22:19, 126:25, 127:11, 133:1, 133:5, 134:9, 138:23, 139:24, 140:2 chairs [1] - 91:21 chambers [1] - 129:20 chance [7] - 7:6, 7:11, 20:19, 23:7, 63:15, 138:14, 138:15 change [6] - 33:13, 60:3, 68:20, 79:10, 145:2, 145:14 changing [1] - 71:22 charge [1] - 139:18 charged [1] - 45:17 charity [1] - 69:18 CHARLES [1] - 104:23 Charles [2] - 2:21, 104:23 cheer [1] - 52:8 chief [1] - 4:19 child [2] - 43:13, 125:9 children [50] - 27:22, 29:23, 31:23, 35:15, 43:10, 43:11, 44:11, 45:18, 57:23, 57:24, 57:25, 58:3, 59:7, 59:14, 59:15, 68:16, 73:7, 73:9, 73:12, 78:11, 79:9, 89:6, 90:11, 90:13, 90:20, 92:5, 97:21, 100:21, 100:22, 100:23, 101:1, 101:3, 107:15, 108:14, 109:1, 109:2, 112:15, 112:24, 113:21, 116:7, 121:7, 121:24, 124:7, 124:9, 145:25, 146:4, 146:8, 146:24, 147:6 children's [1] - 30:12 choice [1] - 22:4 choose [3] - 9:20, 37:3, 121:5 chooses [1] - 25:8 chose [4] - 43:18, 65:12, 106:3 chosen [1] - 136:23 Christine [1] - 11:1 Christmas [1] - 87:3 Christopher [2] - 2:16, 59:24 church [1] - 93:23 Cibelli [2] - 2:13, 96:2 CIBELLI [5] - 96:1,	96:4, 96:8, 97:6, 97:19 cinema [1] - 70:11 citizen [1] - 48:23 citizens [5] - 48:22, 108:18, 120:2, 125:11, 139:11 City [4] - 55:12, 55:13, 66:9, 113:18 city [4] - 26:3, 66:3, 106:12, 110:1 CIUDAD [3] - 83:22, 83:25, 84:4 Ciudad [2] - 2:4, 83:22 class [2] - 16:11, 107:8 Clean [2] - 3:14, 38:12 clear [6] - 12:25, 15:16, 16:3, 16:19, 25:1, 46:8 Clerk [1] - 1:14 client [2] - 50:15, 130:3 clients [2] - 50:16, 82:6 clinic [6] - 66:5, 66:11, 66:14, 71:3, 71:8, 71:14 Clinic [1] - 66:4 cloaks [1] - 26:15 close [21] - 26:12, 27:15, 27:19, 28:10, 28:23, 31:11, 31:12, 45:6, 45:25, 54:17, 72:17, 81:20, 90:6, 93:20, 101:16, 125:21, 125:24, 138:11, 140:18, 144:13, 146:15 closed [16] - 4:19, 126:2, 126:16, 127:6, 127:12, 128:1, 128:7, 128:16, 128:21, 129:2, 129:19, 130:8, 130:13, 130:25, 131:7, 131:23 closest [1] - 94:16 closing [3] - 6:7, 6:17, 29:4 Club [10] - 51:1, 51:10, 52:1, 54:12, 93:18, 94:10, 94:20, 100:18, 121:1, 124:15 clubs [1] - 76:23 COAH [1] - 59:2 cocaine [2] - 25:10, 62:14	Cofone [2] - 11:1, 12:2 cold [1] - 93:3 colleagues [1] - 60:21 college [2] - 52:2, 115:9 Colts [1] - 110:19 coming [15] - 33:25, 52:9, 52:10, 52:21, 58:23, 61:2, 66:14, 71:6, 74:3, 74:20, 76:11, 76:13, 80:25, 88:6, 141:13 Commencing [1] - 1:8 comment [3] - 62:16, 128:12, 140:3 comments [5] - 19:9, 62:25, 125:5, 126:4, 126:8 commercial [1] - 16:9 commission [1] - 136:23 Commission [1] - 136:24 COMMISSIONER [23] - 23:23, 126:1, 128:10, 128:11, 128:25, 129:8, 129:10, 129:12, 129:14, 129:16, 131:11, 133:10, 133:11, 133:18, 133:21, 133:23, 134:2, 134:4, 140:12, 142:21, 143:10, 145:21, 146:16 commit [1] - 94:12 communities [3] - 80:5, 94:11, 109:14 community [69] - 8:22, 14:8, 22:13, 24:21, 26:7, 26:8, 26:9, 27:3, 27:13, 27:18, 27:21, 28:15, 29:7, 29:9, 29:16, 29:18, 29:21, 30:10, 30:11, 44:7, 48:24, 50:8, 52:21, 52:23, 53:1, 53:6, 54:25, 60:3, 73:1, 73:13, 73:14, 75:1, 75:4, 75:21, 77:9, 83:8, 88:8, 92:21, 93:24, 95:5, 98:22, 99:21, 103:3, 104:16, 109:16, 109:17, 109:20, 109:24, 110:10, 110:14, 110:15, 112:25, 113:2, 113:3, 113:5,
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>113:17, 114:3, 114:10, 119:18, 119:20, 121:6, 134:21, 136:2, 144:22, 145:1, 146:20</p> <p>community's [1] - 43:23</p> <p>community-based [1] - 75:1</p> <p>commute [1] - 51:8</p> <p>commuted [1] - 113:18</p> <p>companies [2] - 136:8, 136:10</p> <p>company [6] - 53:3, 62:21, 67:9, 67:11, 107:8, 113:20</p> <p>compassionate [1] - 88:7</p> <p>compatible [1] - 14:16</p> <p>compelling [1] - 146:21</p> <p>complained [1] - 56:9</p> <p>complete [2] - 47:3, 137:19</p> <p>completed [1] - 5:12</p> <p>completely [6] - 88:13, 88:14, 105:5, 111:5, 120:14, 121:23</p> <p>complex [3] - 45:5, 141:5</p> <p>complexes [1] - 46:7</p> <p>compound [1] - 139:5</p> <p>comprehensive [1] - 13:12</p> <p>compromised [2] - 135:21, 138:13</p> <p>concept [1] - 27:8</p> <p>concern [14] - 13:10, 33:20, 45:13, 45:21, 48:2, 57:9, 57:19, 57:20, 67:4, 94:7, 107:18, 107:23, 140:10</p> <p>concerned [6] - 54:1, 90:2, 107:14, 124:10, 124:13, 146:17</p> <p>concerning [2] - 63:19, 106:4</p> <p>concerns [7] - 6:19, 14:21, 15:3, 89:4, 89:5, 135:4, 142:24</p> <p>conclude [2] - 128:2, 128:3</p> <p>concluded [1] - 147:12</p> <p>concludes [1] -</p>	<p>147:10</p> <p>conclusion [1] - 19:20</p> <p>concrete [1] - 28:7</p> <p>concur [1] - 18:21</p> <p>conditionally [2] - 17:18, 18:22</p> <p>conditions [6] - 12:15, 14:17, 14:23, 134:24, 145:12, 147:3</p> <p>condo [1] - 60:15</p> <p>conducive [2] - 66:17, 94:3</p> <p>conducted [1] - 129:22</p> <p>conferred [1] - 10:3</p> <p>confirmed [2] - 11:1, 12:8</p> <p>conscience [2] - 83:9, 101:19</p> <p>conscious [1] - 121:4</p> <p>consequence [1] - 37:3</p> <p>consider [5] - 27:14, 51:15, 53:4, 53:5, 100:3</p> <p>considerable [1] - 40:25</p> <p>consideration [3] - 9:2, 30:13, 36:17</p> <p>considerations [2] - 25:22, 145:7</p> <p>considered [3] - 60:4, 103:3, 132:9</p> <p>consistently [1] - 11:14</p> <p>constantly [3] - 41:10, 75:17, 125:9</p> <p>constituted [1] - 37:16</p> <p>construct [1] - 9:17</p> <p>consultant [1] - 6:4</p> <p>contact [1] - 50:6</p> <p>CONTENTS [1] - 2:1</p> <p>context [1] - 127:15</p> <p>continue [21] - 36:2, 40:10, 43:2, 61:4, 64:6, 64:7, 65:3, 76:9, 78:5, 81:15, 84:3, 89:21, 93:15, 96:7, 98:19, 102:5, 102:21, 105:18, 117:12, 119:10, 121:19</p> <p>control [1] - 137:19</p> <p>conversation [2] - 77:1, 77:2</p> <p>convince [1] - 38:25</p> <p>convinced [1] - 140:25</p> <p>convincing [1] - 16:4</p>	<p>cop [2] - 54:19, 86:14</p> <p>copy [2] - 74:5, 74:15</p> <p>CORNELL [1] - 1:15</p> <p>corner [2] - 49:2, 69:10</p> <p>corporation [4] - 62:20, 67:5, 67:9</p> <p>Correa [1] - 2:20</p> <p>CORREA [2] - 104:11, 104:13</p> <p>correct [8] - 36:6, 37:25, 38:1, 39:7, 67:17, 132:6, 141:19, 142:17</p> <p>correctly [2] - 38:5, 66:6</p> <p>Corrigan [2] - 129:11, 133:22</p> <p>CORRIGAN [6] - 1:12, 126:1, 129:12, 133:10, 133:23, 146:16</p> <p>cost [3] - 29:12, 50:13, 140:7</p> <p>Cotugno [2] - 2:17, 101:24</p> <p>COTUGNO [3] - 101:24, 102:2, 102:6</p> <p>council [2] - 58:24, 127:17</p> <p>Council [1] - 13:14</p> <p>councilman [1] - 84:7</p> <p>counsel [5] - 119:12, 119:22, 143:19, 148:14, 148:16</p> <p>Counsel [1] - 18:8</p> <p>counseling [1] - 35:2</p> <p>counselor [2] - 42:21, 43:4</p> <p>counties [1] - 13:19</p> <p>country [3] - 13:3, 20:25, 34:15</p> <p>counts [1] - 110:13</p> <p>county [1] - 8:22</p> <p>County [4] - 8:11, 13:2, 14:4, 40:14</p> <p>couple [3] - 54:6, 83:3, 144:12</p> <p>course [2] - 5:6, 7:24</p> <p>court [3] - 33:13, 99:12, 117:23</p> <p>Court [19] - 1:23, 15:12, 32:9, 44:18, 81:13, 89:20, 98:17, 101:13, 102:17, 104:13, 104:24, 109:12, 117:10, 119:24, 120:12, 121:16, 123:10, 124:2, 148:6</p>	<p>courtesy [1] - 18:5</p> <p>courtroom [1] - 93:2</p> <p>courts [3] - 10:17, 11:14, 12:5</p> <p>cousins [1] - 86:21</p> <p>coverage [1] - 55:20</p> <p>covered [1] - 142:22</p> <p>crazy [3] - 62:18, 80:3, 86:15</p> <p>create [3] - 41:20, 136:12, 136:20</p> <p>credibility [3] - 137:21, 138:9</p> <p>crime [10] - 25:12, 47:12, 49:13, 49:14, 49:17, 49:18, 49:21, 82:17, 89:25, 147:1</p> <p>crimes [2] - 40:17, 94:12</p> <p>criminal [1] - 50:2</p> <p>crisis [3] - 8:22, 19:13, 20:24</p> <p>criteria [7] - 10:13, 10:16, 11:8, 11:9, 11:16, 19:2, 136:5</p> <p>critical [4] - 8:13, 16:10, 32:12, 32:16</p> <p>cross [1] - 52:22</p> <p>crow [1] - 66:19</p> <p>crowd [3] - 76:12, 76:14, 103:6</p> <p>cured [1] - 38:22</p> <p>current [1] - 46:11</p>	<p>DANTZLER [2] - 117:21, 118:2</p> <p>Dantzler [2] - 3:8, 117:22</p> <p>Danvers [3] - 137:9, 137:18, 138:8</p> <p>Daphne [2] - 2:19, 103:23</p> <p>dark [1] - 115:13</p> <p>DARKINS [3] - 93:9, 93:12, 93:16</p> <p>Darkins [2] - 2:11, 93:9</p> <p>data [1] - 25:16</p> <p>date [1] - 148:10</p> <p>Date [1] - 148:21</p> <p>daughter [14] - 43:20, 52:1, 86:24, 89:23, 91:7, 96:15, 104:16, 107:10, 107:11, 107:14, 109:21, 109:22, 111:19, 116:8</p> <p>daughter's [2] - 106:9, 109:20</p> <p>daughters [4] - 76:19, 107:5, 107:17, 115:8</p> <p>David [4] - 2:14, 4:7, 55:7, 117:8</p> <p>DAVID [1] - 1:19</p> <p>Dawn [2] - 3:8, 117:21</p> <p>days [4] - 33:7, 43:22, 72:23, 72:24</p> <p>de [1] - 15:15</p> <p>dead [4] - 110:15, 113:2, 115:11, 115:13</p> <p>deal [7] - 21:6, 32:1, 32:20, 51:19, 63:24, 144:1, 144:3</p> <p>dealers [2] - 41:25, 54:19</p> <p>deals [2] - 38:17, 38:23</p> <p>dealt [5] - 45:8, 45:10, 46:12, 46:13, 68:15</p> <p>deaths [3] - 14:3, 75:9, 137:9</p> <p>Debbie [2] - 3:8, 123:24</p> <p>DEBORAH [1] - 1:22</p> <p>December [5] - 4:17, 23:16, 23:18, 136:14, 137:8</p> <p>decent [1] - 107:8</p> <p>decide [1] - 97:9</p> <p>decided [2] - 35:4, 93:19</p> <p>decides [1] - 127:25</p> <p>decision [15] - 12:5,</p>
D				
<p>d(1) [5] - 9:9, 10:10, 10:18, 11:6, 135:2</p> <p>D-A-N-I-E-L-S [1] - 121:14</p> <p>D-A-N-T-Z-L-E-R [1] - 117:22</p> <p>D-A-R-K-I-N-S [1] - 93:10</p> <p>dad [2] - 86:1, 86:4</p> <p>dais [1] - 129:20</p> <p>damaged [1] - 68:4</p> <p>damn [1] - 79:11</p> <p>Danbridge [1] - 74:22</p> <p>dance [2] - 109:23, 120:19</p> <p>dancing [1] - 71:25</p> <p>danger [4] - 35:16, 46:8, 106:18, 147:6</p> <p>dangerous [1] - 81:18</p> <p>Daniel [2] - 2:25, 111:16</p> <p>DANIELS [3] - 121:13, 121:16, 121:20</p> <p>Daniels [1] - 121:13</p>				

<p>47:14, 87:14, 91:25, 92:1, 92:20, 103:6, 103:9, 103:17, 108:17, 108:21, 109:5, 143:13, 143:16, 144:7</p> <p>decisions [1] - 119:24</p> <p>declares [1] - 13:16</p> <p>decorum [1] - 7:1</p> <p>deemed [2] - 11:24, 27:12</p> <p>deep [2] - 121:3</p> <p>define [2] - 37:2, 60:18</p> <p>defines [2] - 16:22, 16:25</p> <p>definitely [4] - 41:3, 74:12, 93:24, 140:14</p> <p>degree [2] - 35:5, 90:1</p> <p>deliberations [1] - 8:1</p> <p>demeaning [1] - 47:23</p> <p>demolished [2] - 26:21, 27:5</p> <p>demonstrated [4] - 9:16, 16:3, 21:14, 21:19</p> <p>demonstrates [1] - 13:1</p> <p>demonstration [1] - 15:24</p> <p>Denhard [1] - 117:22</p> <p>Deni [1] - 8:9</p> <p>denied [1] - 78:20</p> <p>dense [1] - 139:12</p> <p>densely [3] - 27:15, 28:24, 34:16</p> <p>deny [2] - 133:6, 133:13</p> <p>denying [2] - 29:11, 135:1</p> <p>department [2] - 55:16, 87:10</p> <p>Department [1] - 11:24</p> <p>departure [2] - 10:6, 11:13</p> <p>described [2] - 132:24, 143:25</p> <p>DESCRIPTION [1] - 3:11</p> <p>desperate [2] - 89:1, 136:16</p> <p>desperately [2] - 70:9, 95:17</p> <p>destroy [2] - 43:22, 147:4</p> <p>detailed [1] - 14:19</p> <p>detective [2] - 40:17, 40:20</p> <p>determination [1] -</p>	<p>18:10</p> <p>determine [2] - 12:17, 26:8</p> <p>determined [3] - 18:13, 26:22, 29:21</p> <p>determining [2] - 12:6, 27:2</p> <p>detox [1] - 33:1</p> <p>detriment [2] - 12:19, 144:15</p> <p>detrimental [7] - 12:11, 12:14, 12:17, 12:18, 15:10, 19:5, 29:7</p> <p>detriments [4] - 15:11, 15:17, 144:12, 145:11</p> <p>development [6] - 66:8, 72:11, 86:13, 91:12, 92:15, 124:16</p> <p>diagnosis [1] - 32:23</p> <p>diction [1] - 33:18</p> <p>died [2] - 37:6, 85:25</p> <p>different [9] - 16:8, 27:17, 32:1, 38:18, 59:1, 80:7, 98:24, 103:10, 143:14</p> <p>difficult [2] - 19:24, 60:13</p> <p>dig [2] - 121:3, 121:4</p> <p>direct [2] - 8:10, 126:10</p> <p>directing [1] - 126:19</p> <p>direction [1] - 61:21</p> <p>directly [4] - 45:19, 46:12, 100:18, 101:3</p> <p>Disabilities [5] - 16:16, 127:9, 130:24, 132:2, 132:10</p> <p>disabilities [1] - 32:14</p> <p>Disability [1] - 115:21</p> <p>disable [1] - 144:21</p> <p>disabled [7] - 16:13, 16:17, 16:21, 17:4, 47:24, 106:17, 132:10</p> <p>disaster [1] - 34:17</p> <p>disclose [1] - 124:14</p> <p>discretion [2] - 5:8, 23:9</p> <p>discriminate [3] - 25:8, 69:15, 69:25</p> <p>discriminating [1] - 106:17</p> <p>Discrimination [3] - 16:18, 130:25, 132:18</p> <p>discrimination [2] - 16:23, 16:25</p>	<p>discriminatory [1] - 29:22</p> <p>discuss [6] - 127:7, 128:7, 132:16, 132:20, 132:21, 142:23</p> <p>discussed [8] - 9:3, 10:13, 14:25, 15:6, 19:1, 130:13, 132:1</p> <p>discussing [3] - 130:15, 130:16, 131:1</p> <p>discussion [2] - 127:22, 130:12</p> <p>discussions [1] - 9:7</p> <p>disease [2] - 45:10, 66:22</p> <p>diseases [1] - 97:7</p> <p>disgusted [1] - 85:23</p> <p>dishes [1] - 62:10</p> <p>dispute [2] - 8:16, 15:21</p> <p>distable [1] - 144:22</p> <p>distance [2] - 71:1, 106:8</p> <p>distraught [1] - 44:4</p> <p>distressing [1] - 142:4</p> <p>district [1] - 10:7</p> <p>dmasterton@comcast.net [1] - 1:25</p> <p>doctor [1] - 139:1</p> <p>doctors [2] - 71:17, 110:23</p> <p>document [1] - 36:17</p> <p>documentation [1] - 4:12</p> <p>documented [1] - 58:11</p> <p>documents [3] - 37:17, 37:20, 56:8</p> <p>dog [2] - 43:20, 86:1</p> <p>dogs [2] - 44:10, 80:6</p> <p>Dolan [2] - 114:20, 115:12</p> <p>dollar [2] - 79:12, 93:3</p> <p>dollars [1] - 35:9</p> <p>done [9] - 4:13, 18:25, 61:4, 63:24, 69:22, 76:11, 76:22, 127:18, 143:18</p> <p>door [4] - 54:13, 82:3, 107:19, 110:5</p> <p>Doses [1] - 19:19</p> <p>doses [1] - 43:6</p> <p>doubt [4] - 36:7, 87:13, 108:24, 144:9</p> <p>down [17] - 34:5, 41:10, 44:2, 44:24, 62:15, 66:11, 76:13,</p>	<p>76:23, 82:20, 83:5, 84:10, 94:18, 114:21, 115:13, 121:4, 144:2, 146:1</p> <p>downloaded [1] - 54:6</p> <p>dozens [1] - 46:6</p> <p>Dr [4] - 8:9, 14:2, 135:7, 137:7</p> <p>draws [1] - 144:17</p> <p>dress [1] - 41:1</p> <p>Drive [19] - 24:13, 31:5, 40:8, 42:24, 51:2, 53:13, 59:25, 83:25, 85:21, 88:22, 93:12, 100:18, 102:2, 104:1, 112:11, 113:14, 118:23, 122:9, 122:21</p> <p>drive [4] - 47:21, 49:7, 71:1, 105:4</p> <p>drive-in [1] - 71:1</p> <p>driving [2] - 47:21, 76:23</p> <p>drug [72] - 11:18, 11:23, 13:9, 13:17, 14:3, 17:14, 19:25, 21:2, 24:20, 24:25, 25:2, 25:10, 27:17, 27:23, 28:8, 28:9, 29:2, 29:24, 30:1, 30:7, 31:20, 33:16, 33:17, 36:20, 36:22, 36:23, 41:8, 41:25, 44:2, 48:5, 48:11, 49:22, 49:24, 52:11, 52:23, 54:18, 54:19, 56:19, 57:11, 57:15, 57:18, 58:5, 59:6, 70:25, 71:14, 71:22, 76:21, 76:24, 78:10, 82:1, 86:17, 88:24, 90:9, 95:9, 95:15, 99:4, 102:10, 102:11, 104:4, 107:16, 114:1, 114:24, 119:19, 120:4, 121:22, 123:13, 123:18, 124:14, 132:8, 136:15, 136:19, 145:23</p> <p>Drug [1] - 13:15</p> <p>drug-free [1] - 27:23</p> <p>drugs [34] - 40:16, 40:25, 41:7, 43:14, 44:23, 45:1, 45:9, 49:9, 49:13, 50:1, 54:9, 54:18, 56:23, 58:1, 58:2, 58:3,</p>	<p>68:23, 69:3, 78:19, 78:22, 79:5, 80:3, 81:21, 82:17, 86:20, 89:24, 90:14, 90:20, 92:12, 94:1, 99:13, 110:17, 142:14</p> <p>dual [1] - 32:23</p> <p>due [1] - 23:3</p> <p>duly [57] - 24:7, 30:20, 32:4, 35:25, 40:3, 42:16, 44:13, 46:19, 50:22, 53:9, 55:4, 57:3, 59:21, 61:7, 64:19, 70:17, 72:5, 75:25, 77:21, 79:15, 80:12, 81:6, 83:19, 85:15, 87:20, 88:17, 89:15, 90:23, 93:6, 94:25, 95:23, 98:10, 100:9, 101:7, 101:21, 102:20, 103:20, 104:8, 104:20, 105:7, 106:23, 108:1, 109:8, 111:13, 112:5, 113:8, 114:14, 115:25, 117:4, 117:18, 118:18, 119:1, 120:8, 122:5, 122:15, 123:4, 123:21</p> <p>duped [2] - 48:16</p> <p>during [4] - 9:4, 60:2, 137:19, 141:2</p> <p>dying [1] - 32:17</p>
E				
<p>e-mails [1] - 50:7</p> <p>E-S-P-O-S-I-T-O [1] - 30:24</p> <p>earned [1] - 43:21</p> <p>ears [3] - 74:21, 91:11, 91:17</p> <p>easily [1] - 102:25</p> <p>East [1] - 1:24</p> <p>easy [2] - 28:5, 29:14</p> <p>economic [1] - 13:9</p> <p>ed [2] - 31:16, 47:7</p> <p>Edge [1] - 104:24</p> <p>Edison [1] - 28:18</p> <p>educate [2] - 45:18, 90:10</p> <p>educated [2] - 33:10, 90:14</p> <p>education [2] - 41:5, 140:17</p> <p>educator [3] - 45:13, 45:14, 46:11</p>				

<p>EEO [1] - 120:3</p> <p>effect [2] - 12:11, 12:14</p> <p>effected [1] - 47:2</p> <p>effects [1] - 12:17</p> <p>effort [1] - 36:14</p> <p>egress [3] - 25:14, 30:3, 46:2</p> <p>eight [2] - 115:5, 123:15</p> <p>Eisenhower [22] - 28:6, 31:15, 60:22, 72:12, 73:5, 73:9, 100:21, 102:9, 107:6, 109:2, 109:22, 110:8, 111:20, 111:21, 112:18, 112:20, 114:2, 116:8, 120:25, 121:25, 124:9, 124:16</p> <p>either [2] - 17:1, 48:13</p> <p>elaborate [1] - 78:18</p> <p>elder [1] - 62:11</p> <p>elderly [9] - 43:16, 71:11, 71:21, 82:25, 98:1, 100:5, 116:16, 146:24</p> <p>element [2] - 21:22, 144:17</p> <p>elementary [11] - 44:20, 45:1, 45:6, 46:2, 46:9, 46:11, 57:25, 94:5, 119:21, 138:12, 140:19</p> <p>Elementary [1] - 120:25</p> <p>elements [4] - 7:15, 9:11, 12:2, 14:4</p> <p>Elias [4] - 2:4, 2:8, 40:6, 83:22</p> <p>eligible [1] - 57:14</p> <p>Elizabeth [1] - 98:23</p> <p>eloquent [2] - 53:16, 103:13</p> <p>eloquently [1] - 89:4</p> <p>embarrassed [1] - 75:20</p> <p>emergency [1] - 32:15</p> <p>EMMA [6] - 1:13, 128:10, 129:14, 133:11, 134:2, 142:21</p> <p>Emma [2] - 129:13, 134:1</p> <p>emotional [2] - 78:7, 143:19</p> <p>emotionally [1] - 64:10</p> <p>emotions [1] - 143:16</p>	<p>empathize [1] - 32:19</p> <p>employee [5] - 91:15, 130:1, 135:23, 148:13, 148:15</p> <p>employees [3] - 49:20, 56:7</p> <p>end [4] - 20:2, 115:11, 115:13</p> <p>ended [3] - 74:25, 75:13, 125:9</p> <p>ends [1] - 45:7</p> <p>energy [2] - 102:24, 110:13</p> <p>enforced [1] - 17:12</p> <p>engineer [3] - 6:5, 14:10, 14:14</p> <p>Engineer [1] - 1:15</p> <p>enjoy [2] - 87:8, 91:5</p> <p>ensue [1] - 12:12</p> <p>enters [1] - 131:7</p> <p>entertain [1] - 73:10</p> <p>entertainment [1] - 47:9</p> <p>entire [3] - 47:15, 50:2, 141:4</p> <p>entirely [1] - 141:1</p> <p>entitled [2] - 16:11, 55:25</p> <p>entity [2] - 9:19, 127:16</p> <p>entrance [1] - 28:8</p> <p>epidemic [7] - 13:1, 43:7, 43:8, 44:5, 88:24, 97:7, 120:23</p> <p>Ernstson [9] - 1:5, 4:3, 4:8, 39:19, 39:20, 49:2, 78:25, 113:21, 145:5</p> <p>escape [1] - 143:3</p> <p>escorted [1] - 141:14</p> <p>especially [4] - 27:4, 41:7, 41:16, 104:16</p> <p>Esposito [5] - 2:5, 30:23, 30:25, 129:15, 134:3</p> <p>ESPOSITO [12] - 1:13, 30:23, 31:1, 31:5, 31:9, 31:12, 31:14, 128:11, 128:25, 129:16, 134:4, 140:12</p> <p>ESQUIRE [2] - 1:18, 1:19</p> <p>essential [1] - 7:14</p> <p>establish [3] - 11:16, 27:23, 28:14</p> <p>established [8] - 7:16, 11:3, 12:3, 13:12, 13:14, 14:7, 19:3, 27:11</p>	<p>estate [1] - 45:23</p> <p>et [1] - 50:1</p> <p>Eugene [2] - 2:10, 44:17</p> <p>evaluate [1] - 12:21</p> <p>evening [9] - 4:7, 4:9, 8:20, 19:10, 24:1, 24:8, 30:17, 88:3, 126:9</p> <p>everywhere [1] - 20:24</p> <p>evidence [1] - 16:4</p> <p>exactly [1] - 98:5</p> <p>exaggerating [1] - 73:3</p> <p>example [2] - 13:4, 129:25</p> <p>except [1] - 49:20</p> <p>exception [2] - 20:12, 130:6</p> <p>exceptions [1] - 127:19</p> <p>exclude [1] - 127:20</p> <p>excluded [1] - 131:24</p> <p>excuse [1] - 65:18</p> <p>executive [1] - 139:17</p> <p>exemptions [1] - 129:24</p> <p>Exhibits [1] - 38:14</p> <p>exist [2] - 9:20, 38:24</p> <p>existing [1] - 14:17</p> <p>expand [3] - 60:11, 60:12, 127:14</p> <p>expanded [1] - 60:12</p> <p>experience [3] - 41:6, 79:4, 135:13</p> <p>experiences [1] - 64:9</p> <p>expertise [1] - 84:11</p> <p>explain [2] - 76:24, 116:10</p> <p>explanations [1] - 76:23</p> <p>explicit [1] - 8:9</p> <p>explored [1] - 139:14</p> <p>express [2] - 13:6, 105:22</p> <p>expressed [1] - 103:14</p> <p>expressly [2] - 11:21, 17:13</p> <p>extend [2] - 9:2, 18:5</p> <p>extends [1] - 17:11</p> <p>extensively [1] - 141:25</p> <p>extent [1] - 5:1</p> <p>extra [4] - 55:17, 55:18, 55:19, 55:20</p> <p>extreme [1] - 41:17</p> <p>extremely [2] - 49:11, 142:3</p>	<p>eyes [5] - 72:18, 72:19, 74:20, 97:14, 142:10</p>	<p>F</p> <p>face [2] - 8:11, 28:11</p> <p>facilities [19] - 33:1, 33:25, 34:21, 34:23, 35:8, 56:3, 56:19, 63:20, 72:17, 72:20, 75:7, 89:2, 120:16, 132:8, 132:14, 140:5, 140:6, 140:10, 140:16</p> <p>facility [80] - 9:17, 9:21, 11:19, 24:21, 24:25, 25:2, 25:4, 25:6, 25:7, 25:14, 26:1, 26:17, 26:19, 26:21, 27:4, 27:11, 27:14, 27:17, 27:25, 28:5, 28:8, 28:9, 28:17, 29:2, 29:24, 30:1, 30:8, 31:19, 31:23, 43:16, 45:15, 45:24, 47:11, 48:5, 48:11, 51:3, 52:12, 52:24, 53:6, 54:16, 55:16, 56:12, 56:13, 56:17, 56:22, 57:9, 59:6, 62:14, 63:19, 73:10, 74:22, 75:16, 81:18, 82:1, 82:6, 82:11, 88:11, 88:13, 105:20, 106:7, 106:16, 109:4, 116:16, 118:9, 118:14, 121:23, 124:10, 126:13, 136:1, 136:13, 136:21, 137:18, 138:2, 138:11, 139:15, 143:1, 143:9, 144:15, 144:17</p> <p>facing [3] - 13:17, 20:25, 88:25</p> <p>fact [11] - 11:16, 15:2, 21:18, 38:17, 43:14, 49:12, 58:11, 78:12, 78:23, 103:4, 118:11</p> <p>facts [7] - 15:21, 137:21, 143:13, 143:14, 143:16, 144:3, 147:3</p> <p>factual [1] - 132:20</p> <p>failed [1] - 53:23</p> <p>Fair [7] - 16:14, 16:24, 17:7, 127:9, 130:23, 132:2, 132:11</p>	<p>fair [3] - 82:22, 97:9, 108:17</p> <p>fait [1] - 101:18</p> <p>fall [1] - 11:7</p> <p>familiar [2] - 40:21, 115:12</p> <p>families [13] - 48:24, 60:24, 75:16, 90:15, 108:25, 109:18, 109:19, 110:10, 111:2, 142:15, 144:19, 144:20, 144:23</p> <p>family [19] - 33:15, 39:22, 42:21, 43:3, 46:6, 47:19, 52:9, 60:14, 61:3, 65:9, 81:20, 95:10, 95:11, 107:9, 110:18, 117:15, 120:15, 120:17, 144:25</p> <p>Family's [1] - 19:19</p> <p>family's [2] - 61:16, 72:24</p> <p>fantastic [1] - 76:11</p> <p>far [10] - 8:1, 9:24, 21:24, 37:14, 53:25, 113:22, 121:4, 134:22, 141:12</p> <p>farm [1] - 96:12</p> <p>faster [1] - 39:1</p> <p>father [1] - 106:10</p> <p>fathom [1] - 107:20</p> <p>favor [2] - 59:13, 64:14</p> <p>fear [5] - 86:3, 87:4, 91:10, 99:1, 121:8</p> <p>fearful [1] - 113:4</p> <p>February [2] - 137:10, 137:20</p> <p>federal [4] - 8:25, 9:12, 16:13, 54:3</p> <p>Federal [6] - 16:22, 17:7, 127:9, 130:23, 132:2, 132:11</p> <p>feedback [1] - 4:14</p> <p>feelings [2] - 103:14, 105:22</p> <p>feet [3] - 56:24, 66:19, 146:6</p> <p>Fela [5] - 59:25, 72:9, 93:12, 122:9, 122:21</p> <p>fellow [1] - 142:21</p> <p>Fernandez [1] - 98:17</p> <p>few [10] - 4:12, 18:25, 20:14, 29:24, 36:15, 67:3, 74:11, 86:5, 142:7, 143:22</p> <p>fight [5] - 29:17,</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

63:25, 64:10, 64:11, 115:22	61:8, 64:19, 70:17, 72:5, 75:25, 77:21, 79:15, 80:12, 81:7, 83:19, 85:16, 87:20, 88:17, 89:16, 90:23, 93:6, 94:25, 95:23, 98:10, 100:9, 101:7, 101:21, 102:20, 103:20, 104:8, 104:20, 105:7, 106:23, 108:1, 109:8, 111:13, 112:5, 113:8, 114:14, 115:25, 117:4, 117:18, 118:18, 119:1, 120:8, 122:5, 122:15, 123:4, 123:21	99:2, 142:7	Girl [1] - 73:8	95:20, 125:20, 125:23, 127:5, 128:6, 129:1, 129:4, 131:9, 133:2, 133:9, 133:14, 133:16, 134:10, 138:24, 147:9
fighting [1] - 99:13		friends [1] - 68:16	girl [2] - 107:15, 109:20	gross [3] - 34:21, 34:22, 34:24
figure [1] - 143:6		frightened [1] - 97:23	girls [4] - 105:25, 106:10, 107:15, 107:21	ground [1] - 48:18
FILE [1] - 1:3		front [7] - 19:17, 20:25, 21:7, 60:11, 65:5, 135:16, 144:14	Gitune [2] - 2:23, 108:5	grow [1] - 78:10
fill [3] - 39:15, 94:14, 94:15		frustrated [1] - 22:9	GITUNE [2] - 108:4, 108:7	grown [1] - 60:4
final [4] - 15:7, 64:3, 128:14, 128:17		frustration [1] - 102:24	given [2] - 5:2, 19:2	GRUEL [1] - 1:15
financial [1] - 140:24		fulfilled [1] - 66:25	Globe [6] - 55:25, 56:6, 73:24, 74:5, 75:2, 75:7	guard [1] - 141:4
financially [1] - 148:16		full [2] - 13:18, 51:7	glory [1] - 25:15	guards [1] - 141:11
fine [2] - 7:4, 70:10		fully [2] - 88:24, 88:25	go-go [2] - 62:3, 66:7	guess [3] - 6:2, 68:3, 131:13
finished [2] - 18:1, 131:6		future [2] - 9:23, 41:4	God [4] - 21:4, 24:23, 78:14, 87:15	guidance [2] - 128:15, 131:25
fireman [1] - 65:7			Gondek [1] - 49:2	guidelines [3] - 137:3, 137:16, 137:25
Fireman [1] - 55:13			goods [1] - 68:4	guy [1] - 34:4
first [29] - 5:11, 6:19, 7:22, 23:20, 23:25, 35:23, 38:16, 49:10, 51:4, 53:15, 53:16, 55:15, 62:9, 70:1, 74:10, 76:3, 76:12, 85:3, 85:4, 105:10, 107:2, 108:4, 108:10, 113:25, 118:12, 123:8, 134:15, 143:12, 146:16			Google [4] - 67:13, 74:9, 102:8, 102:10	guys [11] - 34:11, 42:13, 46:24, 51:5, 52:16, 53:1, 53:4, 54:24, 115:11, 115:19
firsthand [1] - 142:14			governed [1] - 136:25	gymnastics [1] - 120:20
fit [1] - 145:9			governing [1] - 127:17	
Fitzgerald [1] - 107:7			Governor's [1] - 13:14	
five [5] - 72:15, 91:6, 107:11, 116:7, 123:14			graduated [2] - 78:12, 89:25	
Five [1] - 56:1			grammar [2] - 27:19, 66:18	
Five-Star [1] - 56:1			Grammar [1] - 28:6	
five-year-old [1] - 107:11			Grand [1] - 64:25	
fix [1] - 111:8			grandchildren [5] - 79:9, 97:25, 112:17, 118:6, 146:1	
fixed [1] - 111:9			granddaughter [1] - 112:20	
flies [1] - 66:19			grandmother [3] - 62:11, 62:13, 118:5	
flim [1] - 116:21			grandparents [1] - 112:22	
flim-flomming [1] - 116:21			grandson [1] - 112:21	
flipping [1] - 116:22			grant [3] - 9:8, 12:6, 12:12	
flomming [1] - 116:21			granting [2] - 10:5, 27:14	
Floor [1] - 1:7			grave [1] - 13:10	
folks [5] - 61:23, 62:22, 64:10, 68:6, 75:18			great [7] - 7:18, 35:16, 52:10, 52:14, 52:15, 60:23, 106:18	
follow [2] - 5:20, 100:6			greater [1] - 13:4	
followed [1] - 19:22			greatest [1] - 113:22	
following [5] - 10:4, 11:4, 99:3, 99:15, 99:25			greed [2] - 83:8, 110:13	
follows [57] - 24:7, 30:20, 32:4, 35:25, 40:3, 42:16, 44:13, 46:19, 50:22, 53:9, 55:4, 57:3, 59:21,			Green [1] - 140:2	
			green [3] - 129:3, 133:15, 140:1	
			GREEN [25] - 1:10, 4:1, 5:9, 23:11, 23:13, 23:24, 30:15, 77:18, 81:2, 83:14,	

<p>43:21, 107:10, 108:13</p> <p>hard-earned [1] - 43:21</p> <p>Harding [1] - 87:23</p> <p>hardworking [2] - 98:25, 99:21</p> <p>Harris [2] - 2:10, 44:17</p> <p>HARRIS [1] - 44:16</p> <p>harsh [1] - 91:24</p> <p>hazard [1] - 80:24</p> <p>head [3] - 65:17, 82:9, 111:6</p> <p>headed [1] - 62:11</p> <p>headline [1] - 19:18</p> <p>headphones [1] - 91:11</p> <p>health [3] - 13:17, 32:23, 110:22</p> <p>Health [2] - 11:24, 36:18</p> <p>hear [7] - 6:19, 8:19, 34:4, 63:10, 96:21, 105:14, 118:3</p> <p>heard [10] - 19:10, 51:13, 52:9, 57:25, 69:22, 75:11, 113:25, 119:17, 119:22, 143:24</p> <p>hearing [3] - 5:19, 7:23, 147:12</p> <p>hearings [5] - 4:18, 6:6, 7:24, 9:4, 15:6</p> <p>heart [7] - 61:23, 62:9, 93:2, 93:3, 97:13, 110:3, 110:5</p> <p>hearts [1] - 44:5</p> <p>heavy [1] - 98:25</p> <p>heed [1] - 97:16</p> <p>help [25] - 20:5, 20:7, 24:23, 27:22, 34:15, 34:16, 35:7, 35:10, 45:11, 80:2, 91:19, 92:10, 92:18, 92:23, 95:12, 95:13, 96:18, 96:22, 97:2, 97:7, 116:14, 120:24</p> <p>helped [1] - 73:14</p> <p>helping [2] - 35:10, 92:21</p> <p>Henry [2] - 129:5, 133:24</p> <p>HENRY [9] - 1:11, 125:25, 128:9, 129:6, 131:14, 133:5, 133:25, 134:8, 139:24</p> <p>hereby [1] - 148:7</p> <p>hereinbefore [1] - 148:11</p>	<p>heroin [4] - 25:10, 33:7, 41:8, 41:17</p> <p>herself [1] - 91:19</p> <p>hi [1] - 31:1</p> <p>Higgins [2] - 11:1, 12:1</p> <p>high [7] - 33:15, 58:7, 62:10, 82:19, 92:2, 92:3, 112:17</p> <p>High [1] - 52:3</p> <p>highest [1] - 49:24</p> <p>highly [1] - 34:16</p> <p>Hilltop [1] - 1:23</p> <p>Himelman [7] - 4:4, 4:7, 5:17, 7:8, 126:4, 126:24, 134:15</p> <p>HIMELMAN [30] - 1:19, 4:6, 5:13, 6:2, 7:4, 7:13, 7:20, 14:12, 16:6, 18:8, 20:2, 20:18, 20:21, 21:9, 21:13, 21:17, 22:6, 22:12, 22:17, 23:5, 23:12, 65:23, 67:15, 67:19, 67:22, 67:25, 126:7, 126:19, 126:25, 131:3</p> <p>hip [2] - 50:14, 114:23</p> <p>history [1] - 35:11</p> <p>hits [1] - 91:22</p> <p>hold [10] - 11:14, 14:12, 20:18, 21:13, 21:17, 22:17, 23:5, 31:10, 108:19, 131:13</p> <p>holder [1] - 63:14</p> <p>Hollywood [2] - 42:21, 43:4</p> <p>Home [1] - 62:9</p> <p>home [65] - 6:24, 21:11, 26:17, 26:20, 26:24, 27:3, 32:19, 44:22, 47:21, 47:22, 48:6, 50:10, 50:15, 50:17, 51:15, 52:5, 52:6, 52:11, 57:17, 57:18, 62:12, 68:7, 70:9, 71:21, 72:1, 80:22, 81:25, 82:7, 83:6, 85:3, 85:4, 85:24, 86:5, 86:7, 92:17, 93:17, 93:22, 93:25, 94:21, 94:22, 95:18, 96:22, 97:10, 97:17, 99:2, 99:22, 99:24, 100:24, 105:24, 106:11, 107:12, 108:10, 108:14, 109:25,</p>	<p>110:3, 110:8, 114:3, 114:4, 114:5, 120:1, 124:8, 141:25</p> <p>homes [9] - 52:20, 54:16, 65:11, 72:16, 82:12, 82:20, 140:25, 141:2, 141:24</p> <p>homicides [1] - 40:18</p> <p>honest [1] - 25:14</p> <p>honestly [1] - 142:5</p> <p>hoodwinked [1] - 63:22</p> <p>Hook [1] - 33:23</p> <p>hooked [2] - 58:1, 58:2</p> <p>hope [7] - 64:2, 64:8, 71:13, 100:5, 116:25, 137:7, 144:6</p> <p>horrible [2] - 41:16, 86:18</p> <p>horse [1] - 71:22</p> <p>hospital [2] - 11:21, 11:25</p> <p>Hospitals [1] - 136:24</p> <p>hospitals [1] - 50:1</p> <p>hotel [1] - 62:3</p> <p>hour [2] - 45:3, 72:22</p> <p>hourly [1] - 62:3</p> <p>hours [2] - 119:15, 134:18</p> <p>Hours [1] - 19:18</p> <p>house [10] - 34:7, 76:19, 99:25, 100:2, 106:2, 111:3, 115:4, 115:13, 118:10, 118:12</p> <p>houses [4] - 60:14, 80:5, 115:6</p> <p>Housing [8] - 16:14, 16:22, 16:24, 17:7, 127:10, 130:23, 132:3, 132:11</p> <p>housing [3] - 17:4, 62:18, 66:8</p> <p>Huffington [2] - 54:7, 74:1</p> <p>huge [4] - 76:12, 107:17, 110:22, 141:5</p> <p>human [1] - 13:8</p> <p>humans [1] - 107:16</p> <p>humble [1] - 9:7</p> <p>hundred [1] - 25:6</p> <p>hundreds [3] - 54:15, 123:13, 123:17</p> <p>HUNTER [2] - 59:24, 60:20</p> <p>Hunter [1] - 2:16</p> <p>hunter [1] - 59:24</p>	<p>hurt [2] - 87:6, 92:11</p> <p>husband [8] - 58:6, 96:11, 96:13, 96:14, 98:24, 107:4, 107:6, 109:25</p> <p style="text-align: center;">I</p> <p>I-N-D-R-A-W-I-S [1] - 123:25</p> <p>I-S-M-A-I-L [1] - 80:16</p> <p>ID [1] - 148:21</p> <p>idea [5] - 39:13, 50:17, 52:10, 79:8</p> <p>ideas [1] - 146:20</p> <p>identical [1] - 21:15</p> <p>identification [1] - 38:15</p> <p>identified [2] - 9:21, 11:21</p> <p>identify [2] - 12:9, 12:11</p> <p>immediate [1] - 15:14</p> <p>impact [2] - 14:8, 15:9</p> <p>impacts [5] - 14:6, 15:10, 15:14, 15:25, 19:5</p> <p>imperative [1] - 13:11</p> <p>implemented [1] - 126:13</p> <p>implore [1] - 121:3</p> <p>important [7] - 16:7, 20:22, 21:22, 25:21, 68:18, 124:24, 146:23</p> <p>importantly [2] - 46:25, 47:13</p> <p>impose [2] - 7:8, 14:24</p> <p>imposed [1] - 137:2</p> <p>imposing [1] - 12:14</p> <p>impossible [1] - 101:2</p> <p>impression [1] - 48:6</p> <p>in-laws [1] - 72:13</p> <p>inappropriate [1] - 29:6</p> <p>incarceration [1] - 27:10</p> <p>incident [1] - 34:2</p> <p>include [3] - 10:18, 16:23, 16:25</p> <p>including [7] - 5:25, 6:4, 9:1, 13:19, 16:1, 16:14, 130:2</p> <p>increase [1] - 141:9</p> <p>Independence [1] - 142:9</p> <p>indicated [10] - 6:9, 9:6, 11:7, 11:11, 12:4, 19:13, 129:20,</p>	<p>131:22, 132:19, 140:4</p> <p>indicates [1] - 139:1</p> <p>individual [2] - 16:17, 44:3</p> <p>individuals [10] - 8:13, 16:11, 40:16, 41:11, 45:11, 94:1, 94:12, 132:7, 132:13, 132:15</p> <p>Indrawis [2] - 3:8, 123:24</p> <p>INDRAWIS [3] - 123:24, 124:2, 124:5</p> <p>indulge [1] - 55:24</p> <p>industrial [3] - 26:2, 44:9, 82:14</p> <p>industry [4] - 38:24, 53:23, 103:5, 136:25</p> <p>Industry [2] - 3:14, 38:11</p> <p>influence [4] - 27:1, 44:23, 45:1, 45:9</p> <p>Influence [1] - 38:13</p> <p>influx [1] - 89:24</p> <p>informants [2] - 40:23, 40:24</p> <p>information [5] - 4:22, 128:5, 128:19, 128:23, 130:19</p> <p>inherent [1] - 27:18</p> <p>inherently [9] - 10:19, 11:15, 11:20, 11:22, 12:7, 12:21, 15:22, 22:1, 144:9</p> <p>initiated [1] - 71:20</p> <p>initiations [1] - 99:5</p> <p>injured [1] - 82:5</p> <p>innocent [1] - 146:10</p> <p>inpatient [7] - 25:6, 25:18, 33:8, 69:2, 69:5, 136:5, 136:6</p> <p>inpatients [1] - 69:4</p> <p>input [1] - 134:22</p> <p>inquire [1] - 37:10</p> <p>insane [1] - 64:16</p> <p>Inside [1] - 56:1</p> <p>inspections [1] - 137:2</p> <p>instance [1] - 115:18</p> <p>instances [2] - 30:7, 49:24</p> <p>institution [1] - 37:8</p> <p>insurance [3] - 69:17, 136:8, 136:10</p> <p>intelligent [2] - 50:4, 146:21</p> <p>intend [3] - 39:14, 39:15, 48:11</p> <p>intended [1] - 26:20</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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<p>interest [8] - 12:10, 12:16, 12:24, 12:25, 13:4, 15:8, 15:14, 23:2</p> <p>interested [1] - 148:17</p> <p>interests [1] - 61:23</p> <p>intermediate [1] - 56:24</p> <p>internal [1] - 29:14</p> <p>interrupt [1] - 18:5</p> <p>interruption [18] - 5:16, 6:21, 14:11, 16:5, 17:19, 17:22, 20:1, 20:17, 21:12, 21:16, 22:5, 22:16, 23:4, 23:10, 63:7, 64:1, 64:5, 85:14</p> <p>interviewing [1] - 56:7</p> <p>intruders [1] - 45:4</p> <p>invested [1] - 106:5</p> <p>investigate [1] - 40:18</p> <p>investigation [6] - 56:8, 75:2, 75:8, 137:11, 137:14, 138:4</p> <p>investigations [3] - 40:22, 41:24, 56:8</p> <p>involved [14] - 44:21, 45:2, 45:20, 49:21, 58:25, 65:8, 67:12, 67:17, 68:17, 89:5, 130:20, 132:1, 132:17, 132:20</p> <p>involving [1] - 44:22</p> <p>Island [2] - 47:10, 96:11</p> <p>Ismail [2] - 2:24, 80:16</p> <p>ISMAIL [2] - 80:15, 80:19</p> <p>issue [16] - 6:3, 8:1, 8:3, 8:14, 22:24, 47:17, 71:25, 95:9, 95:13, 109:14, 136:1, 136:2, 139:10, 140:22, 140:23, 140:24</p> <p>issues [11] - 4:13, 14:25, 32:13, 129:25, 130:13, 130:21, 131:2, 131:25, 132:16, 132:20, 139:6</p> <p>it'll [1] - 74:10</p> <p>itself [2] - 49:23, 106:19</p>	<p>jack [1] - 101:10</p> <p>jail [1] - 135:17</p> <p>James [1] - 10:25</p> <p>January [1] - 1:7</p> <p>Jasoun [1] - 123:10</p> <p>JAY [1] - 1:15</p> <p>Jernee [1] - 70:11</p> <p>Jersey [29] - 1:8, 1:24, 11:13, 11:24, 16:18, 32:10, 33:2, 34:2, 34:14, 40:17, 72:10, 84:1, 84:25, 85:22, 92:4, 93:13, 102:18, 108:8, 116:5, 117:23, 121:17, 123:11, 130:25, 132:17, 136:25, 139:9, 145:23, 148:7, 148:20</p> <p>JHALA [3] - 123:7, 123:10</p> <p>Jhala [1] - 3:7</p> <p>JOAN [1] - 1:14</p> <p>job [8] - 31:17, 33:14, 39:1, 53:17, 62:9, 76:11, 101:1, 106:2</p> <p>JOHN [2] - 1:12, 1:16</p> <p>John [4] - 2:18, 3:3, 64:22, 119:4</p> <p>Johnson [2] - 87:10</p> <p>Joint [1] - 136:24</p> <p>joke [1] - 116:23</p> <p>JONES [4] - 32:7, 32:9, 33:6, 34:11</p> <p>Jones [3] - 2:6, 32:7, 32:11</p> <p>Jonnie [2] - 3:4, 120:11</p> <p>judges [1] - 143:17</p> <p>jurisdiction [1] - 63:9</p> <p>justified [1] - 29:18</p> <p>justify [1] - 11:12</p>	<p>71:25, 76:17, 83:6, 90:3, 98:20, 101:1, 121:8</p> <p>keeps [1] - 140:21</p> <p>KEMBLE [15] - 1:14, 129:3, 129:5, 129:7, 129:9, 129:11, 129:13, 129:15, 133:15, 133:17, 133:19, 133:22, 133:24, 134:1, 134:3</p> <p>KEMM [158] - 1:18, 5:17, 6:22, 7:5, 7:18, 17:20, 17:23, 20:20, 24:1, 24:5, 24:8, 24:15, 30:17, 30:21, 30:25, 31:3, 31:10, 32:5, 32:8, 35:22, 36:1, 36:5, 37:19, 37:22, 38:2, 39:5, 40:4, 40:9, 42:17, 42:23, 43:1, 44:14, 46:20, 50:23, 53:10, 55:5, 57:4, 59:22, 61:9, 61:13, 62:25, 63:5, 63:8, 63:15, 64:20, 64:24, 65:2, 70:18, 72:6, 74:15, 76:1, 76:5, 76:8, 77:22, 78:1, 78:4, 79:16, 79:19, 79:22, 80:13, 80:17, 80:25, 81:8, 81:12, 81:14, 83:20, 83:24, 84:2, 84:21, 85:1, 85:12, 85:17, 87:21, 87:24, 88:18, 89:17, 89:21, 90:24, 93:7, 93:11, 93:14, 95:1, 95:24, 96:3, 96:6, 98:11, 98:15, 98:18, 100:10, 100:16, 101:8, 101:12, 101:22, 102:1, 102:4, 102:16, 102:21, 103:21, 103:25, 104:9, 104:12, 104:21, 105:8, 105:12, 105:14, 105:17, 106:24, 108:2, 108:6, 109:9, 111:14, 111:24, 112:2, 112:6, 112:10, 113:9, 113:13, 114:15, 114:19, 116:1, 117:5, 117:9, 117:11, 117:19, 118:19, 118:24, 119:2, 119:6, 119:9,</p>	<p>120:9, 121:11, 121:15, 121:18, 122:6, 122:10, 122:16, 122:20, 122:22, 123:5, 123:9, 123:22, 124:1, 124:4, 124:21, 125:4, 126:3, 126:15, 126:23, 127:11, 128:20, 129:17, 131:4, 131:12, 131:15, 131:19, 133:12, 134:5, 138:17</p> <p>Kemm [1] - 127:5</p> <p>Kennedy [1] - 118:7</p> <p>Kevin [2] - 2:22, 105:11</p> <p>key [1] - 14:4</p> <p>KHATRI [3] - 122:18, 122:21, 122:23</p> <p>Khatri [2] - 3:6, 122:18</p> <p>kid [1] - 68:22</p> <p>kids [12] - 60:22, 78:10, 80:22, 82:2, 82:5, 82:12, 99:13, 99:20, 99:22, 100:5, 109:21, 123:17</p> <p>kind [7] - 31:10, 33:9, 37:8, 47:22, 97:14, 141:7</p> <p>kindergartner [1] - 107:6</p> <p>Kishan [1] - 107:2</p> <p>KLEMM [1] - 38:8</p> <p>knocking [1] - 111:6</p> <p>knowledge [2] - 4:13, 84:12</p> <p>known [3] - 48:4, 48:18, 76:13</p> <p>knows [2] - 92:25, 139:17</p> <p>kreisner [1] - 133:19</p> <p>KRZYKOWSKI [13] - 24:3, 24:11, 24:17, 26:5, 26:14, 26:19, 27:7, 28:3, 28:13, 28:21, 29:4, 29:11, 30:6</p> <p>Krzykowski [3] - 2:4, 24:4, 24:12</p> <p>KUCZYNSKI [5] - 1:11, 23:23, 129:8, 133:18, 143:10</p> <p>Kuczynski [2] - 129:7, 133:17</p> <p>Kunj [1] - 76:3</p> <p>KURIA [1] - 118:21</p> <p>Kuria [2] - 3:9, 118:22</p>	<p>L</p> <p>L-A-M-B-E-R-T [1] - 91:2</p> <p>L-O-K-A-N-A-D-H-A-M [1] - 102:15</p> <p>ladies [5] - 6:22, 17:20, 126:15, 129:17, 131:21</p> <p>lady [4] - 31:2, 31:15, 42:12, 113:1</p> <p>laid [1] - 44:2</p> <p>LAMBERT [6] - 46:22, 47:6, 48:9, 48:15, 49:5, 91:1</p> <p>Lambert [4] - 2:10, 2:11, 46:22, 91:2</p> <p>Land [5] - 9:25, 10:2, 10:15, 10:22, 11:10</p> <p>land [6] - 8:7, 20:10, 28:17, 28:21, 110:18, 139:20</p> <p>large [4] - 25:3, 28:17, 29:9, 136:11</p> <p>Laruie [1] - 2:5</p> <p>last [86] - 4:11, 5:19, 6:8, 23:15, 24:9, 30:22, 32:6, 36:4, 36:8, 40:5, 42:18, 44:15, 44:17, 46:21, 50:24, 53:11, 55:6, 57:5, 59:23, 61:10, 64:21, 70:19, 72:7, 72:15, 76:2, 76:4, 76:5, 77:23, 78:1, 80:14, 80:16, 81:9, 83:21, 83:22, 84:18, 85:19, 87:24, 88:19, 90:25, 91:6, 93:8, 95:2, 95:25, 96:1, 98:12, 98:13, 100:11, 100:12, 101:9, 101:23, 102:15, 103:22, 103:24, 104:10, 104:22, 105:9, 105:12, 106:25, 108:3, 108:5, 109:10, 109:11, 111:15, 112:7, 113:10, 114:2, 114:16, 115:13, 116:2, 117:6, 117:20, 118:20, 118:22, 119:3, 119:6, 120:10, 121:12, 122:7, 122:17, 122:18, 123:6, 123:7, 123:23, 125:2, 125:6</p>
<p>J</p> <p>J-O-N-E-S [1] - 32:7</p> <p>Jack [1] - 2:16</p>	<p>K</p> <p>K-H-A-T-R-I [1] - 122:19</p> <p>K-R-Z-Y-Z-K-O-W-S-K-I [1] - 24:12</p> <p>K-U-R-I-A [1] - 118:22</p> <p>Kaplan [1] - 60:10</p> <p>KARL [1] - 1:18</p> <p>karma [1] - 103:15</p> <p>Kathleen [2] - 2:9, 89:12</p> <p>Katrina [2] - 2:15, 100:12</p> <p>Kean [1] - 91:13</p> <p>keep [12] - 43:16, 44:19, 56:11, 59:15,</p>			

<p>lastly [2] - 42:10, 139:7</p> <p>late [1] - 32:19</p> <p>Laurie [1] - 30:23</p> <p>law [11] - 10:3, 11:17, 15:21, 16:13, 22:6, 28:1, 36:12, 36:13, 87:9, 120:3, 144:3</p> <p>Law [8] - 9:25, 10:2, 10:15, 10:23, 11:10, 16:18, 130:25, 132:18</p> <p>laws [10] - 8:24, 8:25, 9:5, 9:12, 9:14, 16:19, 72:13, 130:20, 131:2, 132:5</p> <p>lawsuit [1] - 115:21</p> <p>lawyer [5] - 49:15, 53:19, 60:5, 92:25, 105:2</p> <p>Le [1] - 89:22</p> <p>learn [3] - 92:6, 92:7</p> <p>learned [1] - 33:11</p> <p>learns [1] - 91:12</p> <p>lease [1] - 85:11</p> <p>leasing [1] - 26:23</p> <p>least [3] - 72:22, 140:18, 142:4</p> <p>leave [10] - 5:7, 23:8, 57:22, 69:5, 69:7, 106:11, 111:3, 127:1, 141:1, 141:15</p> <p>leaves [1] - 93:1</p> <p>leaving [1] - 143:5</p> <p>legal [14] - 49:15, 63:8, 77:16, 78:17, 127:21, 127:22, 128:8, 130:2, 130:14, 131:1, 131:25, 132:16, 132:23</p> <p>legally [3] - 64:11, 67:15, 67:16</p> <p>legislature [1] - 13:16</p> <p>leisure [1] - 19:20</p> <p>length [3] - 9:4, 10:13, 15:6</p> <p>lengthy [2] - 6:16, 134:13</p> <p>Lenore [3] - 2:10, 91:1, 96:15</p> <p>Leonardo [2] - 2:17, 101:24</p> <p>Leshyk [1] - 42:24</p> <p>less [4] - 45:15, 66:19, 67:5, 67:8</p> <p>lesson [1] - 47:6</p> <p>lessons [1] - 9:3</p> <p>lessor's [1] - 26:25</p> <p>letter [1] - 27:25</p>	<p>letting [1] - 54:25</p> <p>level [1] - 142:6</p> <p>Liberman [1] - 84:18</p> <p>LIBERMAN [2] - 84:23, 85:2</p> <p>Licensure [1] - 137:1</p> <p>Lieberman [4] - 2:5, 84:24, 85:1, 124:19</p> <p>LIEBERMAN [4] - 84:17, 124:19, 124:22, 125:6</p> <p>life [13] - 19:24, 20:3, 43:23, 47:10, 65:8, 91:15, 91:18, 96:14, 112:15, 120:18, 147:4</p> <p>lifeline [1] - 40:23</p> <p>light [1] - 49:3</p> <p>limited [6] - 16:14, 129:24, 130:14, 131:1, 132:23, 139:13</p> <p>limits [1] - 113:23</p> <p>Linda [2] - 2:11, 93:9</p> <p>line [2] - 49:16, 145:4</p> <p>Lisa [2] - 2:6, 85:20</p> <p>list [2] - 31:22, 71:11</p> <p>listen [8] - 14:13, 17:23, 97:16, 98:6, 125:16, 126:6, 146:19</p> <p>listened [2] - 126:7, 146:19</p> <p>listening [6] - 91:17, 92:21, 97:15, 97:21, 118:1, 146:18</p> <p>listens [1] - 91:12</p> <p>literally [3] - 45:15, 46:5, 107:19</p> <p>live [38] - 24:12, 24:19, 35:20, 40:7, 41:2, 44:17, 51:20, 51:24, 53:2, 53:13, 53:14, 57:8, 59:25, 65:10, 72:11, 76:4, 78:15, 85:21, 88:21, 91:2, 94:6, 95:4, 95:6, 96:16, 98:16, 101:3, 104:2, 107:9, 115:10, 115:12, 116:4, 119:5, 120:19, 121:8, 122:9, 124:3, 144:18</p> <p>lived [8] - 47:9, 47:10, 78:8, 78:25, 86:24, 90:16, 95:8, 96:12</p> <p>lives [4] - 68:22, 86:1, 90:15, 91:20</p> <p>living [6] - 45:5, 49:19, 85:2, 86:3, 91:5,</p>	<p>113:5</p> <p>LLC [2] - 4:8, 62:21</p> <p>locate [2] - 26:9, 28:9</p> <p>located [3] - 17:16, 28:19, 124:11</p> <p>location [24] - 26:11, 26:12, 27:12, 39:1, 46:15, 66:1, 66:17, 66:20, 68:24, 77:6, 77:10, 78:22, 79:11, 80:8, 88:9, 88:13, 90:5, 94:2, 103:8, 104:3, 106:18, 139:22, 144:11</p> <p>lockdown [1] - 45:3</p> <p>locked [1] - 41:10</p> <p>log [1] - 105:19</p> <p>logic [1] - 48:9</p> <p>LOKANADHAM [3] - 102:14, 102:17, 102:22</p> <p>Lokanadham [2] - 2:18, 102:15</p> <p>Lola [1] - 86:2</p> <p>Lombardozi [2] - 148:5, 148:20</p> <p>LOMBARDOZZI [1] - 1:21</p> <p>long-term [1] - 27:10</p> <p>look [14] - 12:23, 14:6, 34:25, 48:23, 50:4, 67:10, 87:11, 97:12, 101:15, 103:16, 107:13, 135:15, 141:23, 142:9</p> <p>looked [3] - 21:25, 85:3, 141:24</p> <p>looking [3] - 44:9, 115:5, 134:18</p> <p>looks [1] - 141:25</p> <p>Lorraine [2] - 2:8, 88:20</p> <p>lose [2] - 50:18, 142:3</p> <p>loss [1] - 13:9</p> <p>lost [3] - 81:21, 90:16, 125:11</p> <p>loud [1] - 74:17</p> <p>love [7] - 65:14, 87:2, 97:13, 120:18, 120:21, 121:6, 122:25</p> <p>loved [2] - 6:24, 125:11</p> <p>Lower [1] - 66:11</p> <p>ludicrous [1] - 28:10</p> <p>Luxury [1] - 56:1</p>	<p>- 119:8</p> <p>M-U-H-A-M-M-A-D [1] - 40:7</p> <p>M-U-R-R-A-Y [1] - 78:3</p> <p>ma'am [4] - 30:17, 31:8, 95:20, 111:10</p> <p>MAHMOOD [4] - 117:7, 117:8, 117:10, 117:13</p> <p>Mahmood [2] - 3:7, 117:8</p> <p>MAHONEY [2] - 57:6, 57:7</p> <p>Mahoney [2] - 2:15, 57:6</p> <p>mails [1] - 50:7</p> <p>main [1] - 140:23</p> <p>Main [2] - 1:7, 66:11</p> <p>maintain [1] - 121:7</p> <p>major [10] - 13:17, 24:25, 25:2, 25:10, 28:9, 28:25, 29:1, 30:1, 40:17, 55:15</p> <p>man [3] - 92:24, 106:2, 141:11</p> <p>manage [1] - 75:6</p> <p>management [1] - 56:10</p> <p>mandated [1] - 33:14</p> <p>manner [1] - 13:22</p> <p>manpower [1] - 56:17</p> <p>Marcinczyk [1] - 108:7</p> <p>margin [1] - 68:9</p> <p>Maria [1] - 53:5</p> <p>MARIA [1] - 1:12</p> <p>mark [3] - 34:18, 38:2, 38:10</p> <p>marked [2] - 38:15, 39:6</p> <p>Mary [2] - 2:13, 96:1</p> <p>Massachusetts [9] - 56:3, 74:23, 95:8, 137:9, 137:12, 137:18, 138:3, 138:4, 138:8</p> <p>massage [2] - 62:2, 62:5</p> <p>master [2] - 145:6, 145:8</p> <p>master's [2] - 35:5, 90:1</p> <p>MASTERTON [1] - 1:22</p> <p>matches [1] - 136:17</p> <p>math [1] - 141:19</p> <p>Matter [1] - 1:2</p> <p>matter [8] - 11:17, 20:22, 22:6, 44:3, 78:12, 103:4,</p>	<p>118:11, 132:22</p> <p>matters [2] - 13:10, 132:24</p> <p>mayor [1] - 127:17</p> <p>McCormick [5] - 3:3, 119:4, 119:5, 119:8, 119:11</p> <p>mean [11] - 6:16, 17:9, 37:15, 52:19, 54:10, 80:24, 82:2, 103:5, 103:7, 107:19, 116:20</p> <p>meaning [1] - 19:4</p> <p>meaningfully [1] - 13:23</p> <p>means [7] - 17:10, 26:12, 37:15, 49:17, 71:21, 76:25, 110:14</p> <p>measures [2] - 25:20, 38:19</p> <p>media [1] - 20:23</p> <p>medicaid [1] - 69:19</p> <p>medical [1] - 49:23</p> <p>medicare [1] - 69:20</p> <p>Medicine [1] - 136:7</p> <p>meet [2] - 65:17, 73:12</p> <p>meeting [12] - 4:11, 6:9, 6:10, 23:15, 76:12, 119:12, 127:18, 127:20, 129:23, 130:7, 131:5, 131:10</p> <p>Meeting [1] - 130:6</p> <p>meetings [2] - 58:24, 76:14</p> <p>Meetings [1] - 129:21</p> <p>meets [2] - 11:5, 27:25</p> <p>Melba [2] - 3:3, 112:8</p> <p>Melrose [3] - 70:22, 70:23, 71:3</p> <p>member [6] - 8:15, 53:2, 60:9, 65:8, 131:12, 140:17</p> <p>MEMBERS [3] - 1:9, 2:2, 3:1</p> <p>members [21] - 4:15, 4:24, 4:25, 5:18, 7:20, 19:9, 19:11, 19:14, 22:8, 22:24, 23:1, 23:6, 60:8, 98:4, 127:15, 131:20, 134:5, 138:17, 142:22, 143:18, 143:23</p> <p>Memorial [3] - 42:21, 43:5, 52:3</p> <p>memory [1] - 74:2</p> <p>men's [1] - 131:13</p> <p>mental [2] - 32:22, 110:22</p>
M				
M-c-C-O-R-M-I-C-K [1]				

<p>Mental [1] - 36:18</p> <p>mention [2] - 47:25, 53:23</p> <p>mentioned [6] - 49:1, 65:19, 74:24, 131:22, 141:3, 143:8</p> <p>Mer [38] - 41:14, 45:5, 51:11, 52:19, 52:20, 53:14, 54:14, 55:20, 59:25, 60:1, 60:11, 76:4, 86:24, 86:25, 89:20, 89:22, 94:6, 94:7, 94:10, 95:5, 98:17, 98:21, 101:14, 102:3, 102:11, 103:1, 104:2, 104:14, 104:25, 107:3, 108:8, 112:12, 112:14, 113:15, 117:23, 121:2, 124:3, 124:15</p> <p>merits [1] - 130:17</p> <p>met [5] - 9:10, 11:17, 12:22, 119:13, 119:16</p> <p>metal [1] - 71:7</p> <p>Metal [1] - 71:7</p> <p>methadone [7] - 25:25, 41:22, 56:20, 56:21, 66:5, 71:2, 71:8</p> <p>metric [1] - 38:19</p> <p>mic [1] - 105:21</p> <p>MICHAEL [1] - 1:21</p> <p>Michael [4] - 2:22, 77:24, 148:5, 148:20</p> <p>microphone [6] - 7:3, 18:1, 31:8, 39:3, 85:18, 138:19</p> <p>middle [9] - 43:13, 43:14, 44:20, 46:11, 58:1, 71:23, 100:22, 112:18, 119:20</p> <p>Middlesex [4] - 8:11, 13:2, 14:4, 40:14</p> <p>might [4] - 14:24, 86:14, 87:6, 96:22</p> <p>Mill [1] - 70:11</p> <p>millions [2] - 35:9</p> <p>Millstone [1] - 96:12</p> <p>mind [9] - 5:20, 7:9, 58:23, 80:3, 87:6, 107:18, 108:24, 131:4, 144:13</p> <p>minds [1] - 98:4</p> <p>mini [1] - 96:11</p> <p>minimis [1] - 15:15</p> <p>minimum [1] - 46:4</p> <p>minute [4] - 20:18,</p>	<p>29:24, 29:25, 131:15</p> <p>minutes [2] - 18:25, 30:2</p> <p>Mioduski [1] - 102:17</p> <p>mismanagement [1] - 74:22</p> <p>mistake [1] - 70:3</p> <p>mix [1] - 69:2</p> <p>mob [2] - 146:18, 146:19</p> <p>mobilized [1] - 13:21</p> <p>models [1] - 73:13</p> <p>Mohan [2] - 2:18, 102:14</p> <p>mom [6] - 43:12, 43:20, 79:19, 80:6, 92:14, 96:16</p> <p>moment [2] - 55:24, 131:5</p> <p>money [16] - 50:19, 51:18, 55:20, 75:18, 83:8, 99:14, 103:5, 109:14, 109:15, 109:16, 109:20, 109:23, 110:13, 116:19, 116:21, 116:22</p> <p>monies [1] - 29:19</p> <p>monitors [2] - 135:10, 135:14</p> <p>month [4] - 44:2, 93:22, 125:2, 125:7</p> <p>months [3] - 86:5, 103:2, 115:5</p> <p>Morgan [7] - 61:14, 61:15, 62:5, 62:6, 65:1, 65:7, 116:4</p> <p>morning [1] - 106:11</p> <p>mortgage [2] - 90:3, 107:7</p> <p>most [15] - 5:14, 6:11, 8:14, 21:22, 24:24, 31:16, 35:8, 36:20, 46:25, 47:10, 68:18, 72:25, 140:15, 142:1, 142:25</p> <p>Motel [1] - 66:7</p> <p>mother [11] - 51:25, 85:24, 86:6, 86:10, 86:23, 87:1, 95:7, 108:12, 108:22, 110:20, 114:24</p> <p>motion [5] - 23:21, 125:23, 127:24, 128:7, 133:6</p> <p>motive [1] - 75:6</p> <p>move [13] - 4:20, 18:15, 29:6, 93:20, 99:15, 115:8, 122:25, 144:19,</p>	<p>144:20, 144:23, 144:24, 145:12, 145:13</p> <p>moved [21] - 23:23, 55:11, 60:24, 60:25, 89:22, 92:14, 93:21, 95:10, 98:21, 98:22, 98:23, 99:17, 100:24, 102:6, 103:1, 105:24, 112:14, 113:16, 118:13, 125:25, 128:9</p> <p>movie [4] - 28:19, 44:7, 50:12, 70:25</p> <p>moving [1] - 99:17</p> <p>MPBELL [1] - 51:1</p> <p>MR [304] - 4:6, 5:13, 5:17, 6:2, 6:22, 7:4, 7:5, 7:13, 7:18, 7:20, 14:12, 16:6, 17:20, 17:23, 18:8, 20:2, 20:18, 20:20, 20:21, 21:9, 21:13, 21:17, 22:6, 22:12, 22:17, 23:5, 23:12, 24:1, 24:3, 24:5, 24:8, 24:11, 24:15, 24:17, 26:5, 26:14, 26:19, 27:7, 28:3, 28:13, 28:21, 29:4, 29:11, 30:6, 30:17, 30:21, 30:25, 31:3, 31:10, 32:5, 32:8, 35:19, 35:22, 36:1, 36:3, 36:5, 36:8, 37:19, 37:21, 37:22, 38:1, 38:2, 38:7, 38:8, 38:16, 39:5, 39:8, 40:4, 40:6, 40:9, 40:11, 42:4, 42:10, 42:17, 42:23, 43:1, 44:14, 44:16, 46:20, 46:22, 47:6, 48:9, 48:15, 49:5, 50:23, 53:10, 53:12, 55:5, 55:7, 55:15, 56:5, 56:15, 57:4, 57:13, 58:13, 58:17, 58:22, 59:22, 59:24, 60:20, 61:9, 61:11, 61:13, 61:14, 61:19, 62:25, 63:3, 63:5, 63:8, 63:12, 63:15, 63:18, 64:2, 64:6, 64:14, 64:20, 64:22, 64:24, 64:25, 65:2, 65:4, 65:23, 65:24, 67:8, 67:15, 67:16, 67:19, 67:20, 67:22, 67:23,</p>	<p>67:25, 68:2, 69:21, 69:24, 70:7, 70:18, 70:20, 72:6, 72:8, 73:21, 74:8, 74:14, 74:15, 74:18, 76:1, 76:3, 76:5, 76:7, 76:8, 76:10, 76:17, 77:8, 77:12, 77:22, 77:24, 78:1, 78:3, 78:4, 78:6, 79:8, 79:16, 79:19, 79:22, 80:13, 80:17, 80:25, 81:8, 81:12, 81:14, 83:20, 83:22, 83:24, 83:25, 84:2, 84:4, 84:17, 84:21, 84:23, 85:1, 85:2, 85:12, 85:17, 87:21, 87:24, 88:18, 89:17, 89:21, 90:24, 93:7, 93:11, 93:14, 95:1, 95:24, 96:3, 96:6, 98:11, 98:15, 98:18, 100:10, 100:16, 101:8, 101:10, 101:12, 101:13, 101:22, 101:24, 102:1, 102:2, 102:4, 102:6, 102:14, 102:16, 102:17, 102:21, 102:22, 103:21, 103:25, 104:9, 104:12, 104:21, 105:8, 105:10, 105:12, 105:13, 105:14, 105:16, 105:17, 105:19, 106:24, 108:2, 108:6, 109:9, 111:14, 111:16, 111:24, 112:1, 112:2, 112:3, 112:6, 112:10, 113:9, 113:13, 114:15, 114:17, 114:19, 114:20, 116:1, 116:3, 117:5, 117:7, 117:9, 117:10, 117:11, 117:13, 117:19, 118:19, 118:24, 119:2, 119:4, 119:6, 119:8, 119:9, 119:11, 120:9, 121:11, 121:15, 121:18, 122:6, 122:10, 122:16, 122:18, 122:20, 122:21, 122:22, 122:23, 123:5, 123:7, 123:9, 123:10, 123:22,</p>	<p>124:1, 124:4, 124:19, 124:21, 124:22, 125:4, 125:6, 126:3, 126:7, 126:15, 126:19, 126:23, 126:25, 127:11, 128:20, 129:17, 131:3, 131:4, 131:12, 131:15, 131:19, 133:12, 134:5, 138:17</p> <p>MS [92] - 30:23, 31:1, 31:5, 31:9, 31:12, 31:14, 32:7, 32:9, 33:6, 34:11, 42:19, 42:24, 43:3, 44:1, 50:25, 51:17, 51:23, 52:18, 57:6, 79:17, 79:21, 79:24, 80:15, 80:19, 81:10, 81:13, 81:16, 83:2, 85:11, 85:20, 87:22, 87:25, 88:5, 88:20, 89:12, 89:19, 90:13, 91:1, 93:9, 93:12, 93:16, 95:3, 96:1, 96:4, 96:8, 97:6, 97:19, 98:13, 98:16, 98:20, 100:12, 100:17, 103:23, 104:1, 104:11, 104:13, 104:23, 107:1, 108:4, 108:7, 109:11, 112:8, 112:11, 113:11, 113:14, 114:7, 117:21, 118:2, 118:21, 120:11, 121:13, 121:16, 121:20, 122:8, 122:11, 123:24, 124:2, 124:5, 129:3, 129:5, 129:7, 129:9, 129:11, 129:13, 129:15, 133:15, 133:17, 133:19, 133:22, 133:24, 134:1, 134:3</p> <p>MUHAMMAD [4] - 40:6, 40:11, 42:4, 42:10</p> <p>Muhammad [2] - 2:8, 40:7</p> <p>multiple [1] - 15:6</p> <p>Municipal [5] - 9:25, 10:2, 10:15, 10:22, 11:10</p> <p>municipalities [1] - 13:20</p>
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<p>murder ^[1] - 82:7</p> <p>Murray ^[2] - 2:22, 77:25</p> <p>MURRAY ^[4] - 77:24, 78:3, 78:6, 79:8</p> <p>music ^[2] - 91:12, 91:17</p> <p>must ^[8] - 10:10, 13:20, 21:25, 58:19, 66:24, 84:8, 84:9, 137:23</p>	<p>105:10, 105:12, 105:20, 106:25, 107:2, 108:3, 108:4, 108:5, 109:10, 109:11, 111:14, 111:15, 112:6, 112:7, 112:8, 113:9, 113:10, 114:15, 114:16, 116:2, 116:3, 117:6, 117:7, 117:19, 117:20, 117:21, 118:19, 118:20, 118:21, 118:22, 119:2, 119:3, 119:4, 119:7, 120:9, 120:10, 121:12, 122:7, 122:16, 122:17, 122:19, 123:6, 123:7, 123:8, 123:22, 123:23</p> <p>named ^[1] - 19:23</p> <p>nanny ^[1] - 34:2</p> <p>narcotics ^[2] - 40:20, 40:22</p> <p>Nathan ^[1] - 95:4</p> <p>nation ^[1] - 8:23</p> <p>national ^[2] - 19:13, 20:24</p> <p>Nations ^[1] - 51:7</p> <p>nature ^[3] - 25:17, 28:10, 130:2</p> <p>NCRA ^[1] - 148:21</p> <p>near ^[6] - 27:24, 47:11, 57:8, 59:6, 90:19, 144:17</p> <p>nearby ^[1] - 144:18</p> <p>nearly ^[1] - 141:6</p> <p>necessary ^[4] - 9:11, 17:3, 25:12, 66:20</p> <p>Neck ^[1] - 110:19</p> <p>need ^[93] - 7:1, 8:12, 18:3, 24:2, 24:5, 24:22, 27:3, 30:18, 34:12, 34:15, 35:2, 35:10, 35:22, 36:3, 36:20, 36:22, 37:8, 43:17, 44:6, 45:11, 45:23, 49:2, 53:25, 57:18, 58:4, 58:13, 58:17, 58:18, 66:24, 68:7, 68:20, 69:11, 69:12, 69:13, 71:13, 72:19, 73:2, 77:5, 80:2, 81:22, 82:25, 85:4, 85:7, 85:8, 85:17, 88:11, 89:1, 90:13, 92:11, 94:2, 94:14, 94:19, 94:20, 94:22, 95:15, 95:18,</p>	<p>95:21, 97:16, 97:17, 97:19, 105:4, 105:21, 106:5, 106:20, 110:3, 111:6, 111:8, 111:9, 114:2, 115:2, 115:15, 116:13, 116:14, 120:4, 120:24, 121:23, 125:4, 125:23, 132:12, 137:6, 140:8, 140:15, 143:2, 145:24, 146:3</p> <p>needed ^[8] - 66:15, 70:9, 111:24, 139:8, 139:22, 140:5, 142:16</p> <p>needing ^[3] - 68:10, 68:11, 86:4</p> <p>needs ^[12] - 12:3, 29:8, 32:21, 39:23, 58:4, 68:12, 92:5, 93:25, 103:16, 110:22, 113:21</p> <p>Needs ^[2] - 3:14, 38:12</p> <p>negative ^[13] - 10:12, 11:8, 14:6, 14:8, 15:9, 15:23, 15:25, 19:3, 19:5, 119:14, 119:16, 134:22</p> <p>negotiations ^[1] - 66:10</p> <p>neighborhood ^[14] - 46:5, 55:17, 90:19, 99:16, 104:17, 105:2, 105:3, 106:16, 107:9, 107:22, 145:1, 145:5, 145:13, 147:5</p> <p>neighborhoods ^[1] - 35:15</p> <p>neighbors ^[6] - 24:19, 47:20, 51:6, 95:12, 107:13</p> <p>nervous ^[1] - 87:7</p> <p>never ^[1] - 71:13</p> <p>new ^[7] - 40:11, 52:20, 55:10, 58:23, 68:24, 68:25, 70:23</p> <p>New ^[48] - 1:8, 1:24, 11:13, 11:23, 16:18, 19:16, 19:17, 19:21, 21:7, 32:10, 33:2, 34:2, 34:14, 40:17, 51:7, 55:11, 55:12, 55:13, 61:1, 72:9, 78:9, 84:1, 84:25, 85:21, 85:22, 87:10, 92:4, 93:13, 102:18,</p>	<p>108:8, 110:20, 113:18, 116:4, 117:23, 118:13, 120:18, 121:17, 123:11, 130:24, 132:17, 136:25, 139:9, 145:23, 148:7, 148:20</p> <p>news ^[1] - 34:19</p> <p>newspaper ^[1] - 67:13</p> <p>newspapers ^[1] - 20:23</p> <p>next ^[15] - 4:1, 30:15, 51:11, 51:24, 54:13, 79:25, 82:3, 94:5, 107:19, 117:15, 119:20, 120:25, 121:2, 125:13, 146:4</p> <p>nice ^[2] - 42:12, 102:11</p> <p>night ^[8] - 39:25, 68:14, 110:1, 111:4, 139:2, 140:21, 141:2, 142:13</p> <p>Nikunj Kumar ^[1] - 2:21</p> <p>nine ^[1] - 123:15</p> <p>nip ^[1] - 90:11</p> <p>NJ ^[2] - 115:10, 115:15</p> <p>NO ^[1] - 3:11</p> <p>nobody ^[2] - 49:19, 97:20</p> <p>noise ^[2] - 14:9, 16:1</p> <p>nonresidential ^[2] - 60:17, 78:24</p> <p>normally ^[1] - 80:9</p> <p>nose ^[1] - 21:1</p> <p>Notary ^[2] - 148:5, 148:20</p> <p>note ^[1] - 137:23</p> <p>noted ^[2] - 19:2, 37:13</p> <p>notes ^[1] - 65:19</p> <p>nothing ^[3] - 42:11, 82:22, 143:4</p> <p>noting ^[1] - 8:6</p> <p>notwithstanding ^[1] - 14:22</p> <p>November ^[4] - 4:17, 115:4, 135:7, 136:4</p> <p>nowhere ^[1] - 57:8</p> <p>nuclear ^[1] - 117:15</p> <p>number ^[5] - 25:18, 25:19, 73:14, 129:25, 141:11</p> <p>numbers ^[3] - 39:11, 51:6, 68:8</p> <p>NUMBERS ^[1] - 2:2</p> <p>numerous ^[4] - 11:25, 33:1, 68:17</p> <p>nurse ^[4] - 32:12,</p>	<p>33:11, 35:1, 88:23</p> <p>nurses ^[2] - 34:25, 135:9</p> <p>nursing ^[38] - 21:11, 26:17, 26:20, 26:24, 27:3, 48:6, 50:9, 50:15, 50:17, 51:15, 52:6, 52:11, 57:17, 57:18, 62:12, 68:7, 70:9, 71:21, 71:25, 72:16, 83:6, 85:24, 86:5, 92:17, 93:17, 93:22, 93:25, 94:21, 94:22, 95:18, 96:22, 97:10, 97:17, 114:3, 114:4, 114:5, 120:1</p> <p>Nursing ^[1] - 62:9</p>
<p>N</p>				<p>O</p>
<p>N.J.S.A ^[1] - 13:7</p> <p>Nagy ^[2] - 3:6, 116:3</p> <p>NAGY ^[2] - 116:3, 116:4</p> <p>naive ^[1] - 57:23</p> <p>NAME ^[4] - 2:3, 3:2</p> <p>name ^[169] - 24:3, 24:9, 24:10, 24:11, 30:21, 30:22, 32:5, 32:6, 35:19, 36:5, 36:6, 37:25, 40:5, 40:6, 42:17, 42:19, 44:14, 44:15, 44:16, 44:17, 46:20, 46:21, 46:22, 50:23, 50:24, 53:10, 53:11, 55:6, 55:7, 55:21, 57:4, 57:5, 59:23, 61:9, 61:10, 61:11, 64:20, 64:21, 70:19, 70:20, 72:6, 72:7, 76:1, 76:2, 76:3, 76:4, 76:5, 77:22, 77:23, 77:24, 78:1, 79:16, 79:17, 80:13, 80:14, 80:15, 80:16, 81:8, 81:9, 83:20, 83:21, 83:22, 84:17, 84:24, 85:6, 85:9, 85:11, 85:18, 85:19, 85:20, 87:21, 87:24, 88:18, 88:19, 88:20, 89:9, 90:24, 90:25, 91:1, 93:7, 93:8, 94:18, 95:2, 95:3, 95:24, 95:25, 96:1, 96:2, 98:11, 98:12, 98:13, 100:10, 100:11, 100:12, 101:8, 101:9, 101:22, 101:23, 102:14, 102:15, 103:21, 103:22, 103:23, 103:24, 104:9, 104:10, 104:21, 104:22, 105:9,</p>				<p>o'clock ^[3] - 102:23, 106:11, 106:12</p> <p>O'Neill ^[1] - 67:11, 67:17, 139:16</p> <p>Oak ^[2] - 72:11, 124:16</p> <p>Oaks ^[2] - 34:5, 124:2</p> <p>oath ^[2] - 84:22, 84:23</p> <p>objected ^[1] - 8:20</p> <p>objecting ^[1] - 19:12</p> <p>objections ^[1] - 141:8</p> <p>objective ^[1] - 146:23</p> <p>obligated ^[1] - 17:6</p> <p>obligation ^[2] - 17:10, 22:14</p> <p>obviously ^[3] - 4:25, 7:21, 22:23</p> <p>occurred ^[1] - 130:12</p> <p>OF ^[4] - 1:1, 1:1, 1:4, 2:1</p> <p>offer ^[1] - 22:23</p> <p>offered ^[1] - 22:22</p> <p>office ^[1] - 108:19</p> <p>Office ^[1] - 136:25</p> <p>officer ^[4] - 18:13, 55:12, 135:12, 140:3</p> <p>officers ^[5] - 58:10, 58:14, 58:18, 140:9, 144:16</p> <p>oil ^[1] - 33:13</p> <p>old ^[21] - 28:19, 32:17, 42:12, 52:2, 52:15, 59:7, 66:6, 70:25, 86:22, 91:9, 92:19, 97:4, 103:2, 107:11, 110:7, 114:8, 123:14, 123:15, 123:16</p> <p>Old ^[1] - 62:8</p> <p>older ^[8] - 26:20, 73:4,</p>

73:10, 73:11, 92:17, 96:19, 115:8, 146:8 Olga [1] - 2:20 once [4] - 93:22, 124:25, 125:14, 137:1 one [65] - 10:21, 11:5, 11:20, 12:9, 19:18, 20:4, 34:14, 35:1, 37:8, 37:24, 38:2, 38:19, 39:9, 41:3, 42:13, 45:16, 46:24, 47:18, 49:24, 50:18, 51:21, 53:22, 55:22, 56:15, 59:11, 62:2, 62:3, 68:18, 71:5, 73:7, 73:23, 74:10, 78:13, 78:14, 82:4, 82:5, 82:6, 83:4, 84:20, 85:5, 85:12, 86:21, 95:20, 97:13, 97:24, 98:2, 106:8, 115:18, 118:11, 124:20, 125:14, 127:20, 128:12, 137:9, 139:2, 140:4, 140:18, 141:4, 142:17, 143:2, 143:22, 145:7 ones [2] - 6:24, 125:11 online [2] - 38:5, 74:9 open [13] - 5:3, 5:10, 5:22, 9:20, 14:22, 23:14, 23:21, 66:5, 72:18, 94:8, 127:18, 129:23 Open [2] - 129:20, 130:6 opened [4] - 72:19, 74:20, 89:8, 119:12 operate [3] - 9:17, 14:16, 17:15 opinion [5] - 9:8, 36:11, 63:23, 140:20, 140:23 opportunity [6] - 6:10, 7:2, 20:6, 21:5, 34:22, 115:7 oppose [1] - 105:20 opposed [1] - 9:18 order [5] - 6:16, 8:14, 13:22, 40:22, 131:10 ordered [1] - 33:13 ordinance [2] - 11:13, 17:13 organization [1] - 60:10 organizations [1] - 132:14 oriented [1] - 144:25	original [2] - 26:16, 63:13 originally [3] - 91:5, 96:10, 119:25 Orlee [1] - 121:13 orthotist [1] - 96:24 ourselves [3] - 67:4, 72:21, 89:6 outlaid [1] - 22:8 outline [2] - 6:6, 7:14 outpatient [9] - 25:5, 25:19, 25:24, 30:3, 69:3, 136:4, 136:6, 139:4 outpatients [2] - 15:4, 25:13 outside [9] - 42:1, 54:20, 56:13, 56:22, 99:11, 106:14, 116:12, 118:7, 136:21 outskirts [2] - 26:2, 28:23 outweigh [2] - 15:11, 15:17 outweighs [1] - 134:22 overall [1] - 27:2 overdose [2] - 21:2, 114:25 overdosed [1] - 44:2 overview [1] - 5:21 overwhelming [1] - 15:16 overwhelmingly [1] - 14:7 own [2] - 140:24, 141:15 owned [1] - 116:18	123:12 painting [1] - 33:3 palpable [1] - 102:25 paperwork [1] - 134:18 paramount [1] - 106:13 parcel [2] - 28:17, 139:19 parent [3] - 44:24, 67:9, 67:10 parents [8] - 31:18, 44:4, 45:10, 89:6, 92:8, 92:12, 98:1, 112:22 Park [4] - 42:22, 43:5, 77:25, 118:7 park [5] - 39:17, 44:11, 80:6, 110:2 parked [1] - 54:20 Parker [1] - 116:4 parks [1] - 142:8 Parlin [36] - 24:13, 31:6, 32:10, 35:21, 40:8, 40:13, 42:25, 44:18, 46:23, 53:14, 55:9, 55:10, 57:7, 72:9, 84:1, 84:25, 85:21, 87:23, 93:12, 95:5, 98:21, 102:3, 102:18, 104:14, 106:3, 106:4, 106:6, 108:8, 109:23, 112:12, 117:10, 117:23, 118:23, 121:17, 123:11, 124:3 parlors [2] - 62:2, 62:5 part [13] - 10:10, 12:5, 12:20, 29:20, 35:23, 36:4, 58:25, 91:13, 91:14, 113:19, 128:8, 135:3, 136:11 part-time [2] - 91:13, 91:14 particular [10] - 8:3, 10:4, 17:16, 18:11, 18:15, 19:12, 19:22, 22:10, 60:8, 142:11 particularly [4] - 10:20, 21:20, 86:13, 89:5 parties [1] - 148:14 partner [1] - 50:16 pass [1] - 86:11 passed [7] - 21:2, 72:14, 96:13, 96:14, 114:24, 116:17, 121:21 passionate [5] -	31:20, 31:21, 31:25, 33:17 past [9] - 23:19, 60:2, 60:13, 61:22, 64:8, 69:23, 86:25, 112:14, 116:7 PATEL [6] - 76:3, 76:7, 76:10, 76:17, 77:8, 77:12 Patel [3] - 2:21, 76:4, 76:7 patient [2] - 56:21, 136:11 patients [23] - 15:5, 16:12, 16:17, 25:20, 32:16, 33:6, 33:10, 33:12, 35:14, 39:14, 52:7, 54:9, 56:5, 56:11, 56:12, 56:16, 82:6, 82:15, 89:2, 94:2, 106:19, 137:17, 138:6 Patrick [2] - 19:23, 20:7 Patricks [1] - 21:6 patrols [2] - 55:18, 140:6 Paul [4] - 2:5, 84:17, 84:24, 124:19 Paula [2] - 2:9, 42:19 Paulene [2] - 3:9, 118:21 pause [1] - 131:17 pay [5] - 29:15, 52:25, 81:23, 109:16 paying [1] - 90:3 PD [1] - 136:18 peddling [1] - 99:14 people [101] - 5:2, 13:11, 18:4, 20:7, 23:16, 23:17, 23:19, 24:22, 32:18, 32:24, 33:8, 33:18, 33:24, 34:9, 35:1, 35:7, 35:10, 36:19, 36:22, 38:20, 39:15, 39:16, 39:19, 39:21, 40:24, 41:1, 41:6, 41:16, 42:1, 43:9, 47:4, 47:24, 50:4, 52:21, 54:4, 54:11, 56:22, 57:13, 57:20, 58:15, 63:25, 64:11, 66:9, 68:15, 68:17, 69:5, 69:12, 69:18, 70:1, 71:6, 71:18, 71:21, 72:25, 73:11, 75:15, 75:16, 81:19, 82:10, 82:15, 82:22, 83:7, 83:10, 84:7, 84:19,	86:20, 87:5, 88:2, 88:7, 92:22, 94:13, 96:25, 97:2, 99:3, 99:14, 99:25, 106:20, 109:6, 109:17, 110:21, 111:1, 116:13, 116:16, 116:20, 120:3, 120:23, 125:11, 125:15, 128:13, 136:19, 136:21, 140:24, 141:12, 141:23, 142:2, 143:25, 144:17, 147:4, 147:5 per [1] - 139:4 percent [5] - 36:19, 88:14, 104:5, 142:1, 142:3 perfect [1] - 39:1 perhaps [4] - 5:3, 6:16, 39:13, 128:14 periods [1] - 58:7 permission [1] - 127:6 permit [4] - 10:6, 17:14, 19:6, 63:14 permit-holder [1] - 63:14 permitted [3] - 18:13, 18:22, 18:23 persistent [1] - 13:21 person [9] - 23:25, 30:16, 56:15, 85:12, 87:7, 87:11, 123:16, 136:5, 143:3 personal [4] - 21:1, 41:6, 79:4, 142:5 personality [1] - 136:16 personnel [3] - 129:25, 141:9, 141:22 Perth [1] - 71:6 pervasive [1] - 13:24 petitioner [6] - 36:9, 36:21, 37:11, 38:25, 125:7, 125:17 PetSmart [1] - 91:14 ph [1] - 121:13 ph) [1] - 107:2 PHIL [1] - 1:13 phrased [1] - 132:6 physical [2] - 41:8, 41:18 physically [1] - 44:24 physician [1] - 120:15 pick [3] - 42:1, 110:7, 112:20 picks [1] - 107:11 picture [4] - 33:3,
P				
P-A-T-E-L [1] - 76:7 P-I-L-L-A-R [1] - 61:12 P-L-A-T-N-E-R [1] - 37:25 P-O-D-O-L-A-K [1] - 70:21 P-O-L-I-C-A-S-T-R-O [1] - 114:18 p.m [2] - 1:8, 147:13 package [1] - 41:14 packages [1] - 67:1 PAGE [6] - 2:2, 2:3, 3:2, 3:11 page [6] - 19:17, 21:7, 135:7, 136:4, 136:15, 137:9 pages [1] - 74:11 paint [2] - 69:10,				

<p>33:4, 50:2, 123:12 PILLAR [9] - 61:11, 61:14, 61:19, 63:3, 63:12, 63:18, 64:2, 64:6, 64:14 Pillar [2] - 2:17, 61:11 place [34] - 7:23, 8:25, 24:25, 25:21, 33:21, 37:9, 41:9, 43:21, 44:6, 45:25, 46:15, 59:17, 68:25, 69:13, 82:11, 82:13, 82:25, 83:4, 83:5, 95:17, 104:17, 115:3, 115:8, 121:1, 121:2, 125:12, 130:11, 137:11, 137:17, 138:1, 141:18, 148:10 Place [3] - 57:7, 66:7, 84:25 placed [3] - 26:1, 30:1, 119:19 places [4] - 54:8, 59:9, 68:10, 145:16 placing [1] - 29:23 Plainfield [4] - 40:17, 41:22, 41:23, 100:24 plan [3] - 39:12, 145:6, 145:8 planner [1] - 11:2 Planner [2] - 1:15, 1:16 planners [2] - 6:5, 10:25 planning [2] - 10:22, 20:10 plans [1] - 54:23 Platner [3] - 2:7, 35:20, 37:25 PLATNER [9] - 35:19, 35:20, 36:3, 36:8, 37:21, 38:1, 38:7, 38:16, 39:8 Platner-1 [4] - 3:12, 38:3, 38:4, 38:14 Platner-2 [4] - 3:14, 38:3, 38:11, 38:14 play [4] - 65:21, 101:4, 116:11, 136:10 playing [2] - 106:15, 125:8 plead [1] - 87:15 pleasure [1] - 133:3 plenty [2] - 58:19 PODOLAK [5] - 70:20, 73:21, 74:8, 74:14, 74:18 Podolak [2] - 2:19, 70:21</p>	<p>point [16] - 4:20, 5:4, 6:1, 8:24, 15:19, 18:9, 19:7, 21:5, 26:22, 46:10, 48:15, 49:8, 68:10, 92:18, 96:20, 146:22 Pointe [4] - 55:21, 67:10, 96:9, 96:17 points [1] - 39:9 PolICASTRO [2] - 3:5, 114:17 POLICASTRO [2] - 114:17, 114:20 police [16] - 46:4, 55:12, 55:16, 55:18, 55:20, 58:9, 58:10, 58:14, 58:17, 81:23, 135:12, 140:3, 140:5, 140:9, 144:16 policies [5] - 17:2, 137:3, 137:15, 137:25, 138:7 policy [2] - 13:6, 13:8 political [2] - 71:24, 143:15 politics [2] - 40:13, 40:14 pools [1] - 60:15 poor [2] - 25:9, 144:17 populated [3] - 27:15, 28:24, 34:16 population [1] - 139:12 portion [3] - 125:21, 125:24, 126:2 ports [1] - 135:18 poses [2] - 27:17, 29:12 position [3] - 6:7, 22:21, 91:19 positive [10] - 10:12, 10:16, 11:8, 11:11, 11:16, 19:1, 33:7, 33:8, 119:14, 134:25 positively [1] - 87:13 positives [1] - 134:22 possession [2] - 49:13, 49:17 possibility [1] - 9:19 possibly [2] - 144:21, 144:24 Post [2] - 54:7, 74:1 postpone [1] - 70:5 potential [2] - 19:4, 29:12 power [2] - 27:22, 73:22 powers [1] - 10:4 practice [2] - 87:2, 143:21</p>	<p>practices [1] - 17:2 practicing [1] - 20:10 Pradima [1] - 3:7 Pradyuman [1] - 123:8 Pragnesh [2] - 3:6, 122:18 pray [1] - 87:15 predict [1] - 41:4 preface [1] - 24:18 preference [1] - 70:1 premises [1] - 139:2 prepared [4] - 4:20, 6:17, 49:11, 64:12 prescriptions [1] - 71:17 PRESENT [1] - 1:9 present [3] - 46:7, 46:8, 139:22 presentation [1] - 134:16 presented [1] - 4:16 President [1] - 77:25 pretty [4] - 4:19, 22:20, 84:7, 141:24 previous [2] - 76:14, 141:3 previously [2] - 8:18, 95:8 prey [1] - 75:15 PRIME [5] - 17:16, 18:19, 59:4, 145:3, 145:8 principal [6] - 10:7, 10:8, 44:21, 45:2, 45:17, 46:12 Printout [1] - 3:12 printout [2] - 38:5, 38:11 prison [2] - 27:11, 57:21 private [1] - 27:10 privilege [1] - 130:4 problem [14] - 8:10, 8:15, 13:25, 32:14, 38:22, 39:18, 65:15, 66:14, 111:8, 136:20, 137:5, 139:5, 145:22, 145:23 problems [10] - 13:17, 27:17, 34:21, 37:12, 38:24, 41:20, 42:7, 71:15, 86:15, 132:9 procedures [4] - 137:3, 137:16, 137:25, 138:7 proceed [4] - 4:5, 5:10, 127:2, 127:23 proceeding [2] - 23:8, 131:18</p>	<p>Proceedings [1] - 1:5 proceeds [1] - 29:16 profession [1] - 49:23 professional [3] - 6:4, 25:17, 109:19 professionals [12] - 4:11, 4:15, 6:3, 12:8, 15:1, 15:20, 18:21, 19:15, 20:13, 21:23, 21:24, 22:18 professionals' [1] - 5:8 profit [3] - 26:25, 27:10, 75:5 profitable [1] - 26:24 program [1] - 13:12 project [2] - 139:18, 139:21 pronouncing [1] - 137:7 proof [1] - 119:16 proofs [8] - 10:11, 11:8, 11:9, 11:11, 11:16, 15:23, 19:3, 119:14 proper [2] - 137:15, 141:11 Properties [1] - 67:11 properties [3] - 60:14, 60:15, 138:12 property [9] - 16:1, 26:23, 28:7, 59:4, 62:6, 63:14, 90:5, 124:13, 141:14 proposal [2] - 51:13, 60:11 propose [1] - 28:9 proposed [20] - 11:18, 11:19, 14:15, 15:22, 15:24, 19:6, 24:20, 25:2, 26:11, 27:16, 28:4, 45:15, 51:3, 51:9, 57:9, 57:17, 82:23, 89:8, 100:19, 106:7 prosecute [1] - 18:16 protect [7] - 91:8, 106:2, 116:12, 116:13, 144:20, 146:4, 146:24 protected [1] - 16:17 protecting [3] - 29:23, 45:20, 106:10 protection [1] - 45:19 protections [1] - 120:3 protocol [1] - 5:20 protocols [3] - 137:4, 137:17, 137:25 proud [2] - 65:13, 88:2</p>	<p>prove [1] - 30:8 provide [11] - 4:12, 8:12, 10:11, 17:3, 17:7, 17:10, 22:14, 37:12, 45:19, 108:13, 132:14 provided [6] - 4:22, 14:3, 14:18, 15:2, 25:15, 138:25 provides [3] - 13:7, 13:15, 16:10 proximity [5] - 24:20, 30:10, 45:14, 46:1, 142:25 Prusakowski [6] - 35:20, 46:23, 55:8, 91:2, 96:5, 119:5 psychology [1] - 35:6 psychotherapist [1] - 110:21 PTO [1] - 120:20 public [61] - 5:1, 5:4, 5:10, 5:11, 5:16, 5:18, 5:23, 5:24, 5:25, 6:10, 6:19, 7:11, 7:22, 8:16, 8:19, 12:9, 12:16, 12:24, 12:25, 13:4, 13:6, 13:8, 15:8, 15:13, 15:20, 19:9, 19:11, 19:15, 22:9, 22:24, 23:1, 23:6, 23:14, 23:22, 63:11, 77:19, 81:3, 83:17, 97:15, 98:5, 125:21, 125:24, 126:2, 126:11, 126:16, 127:15, 127:16, 127:18, 127:20, 128:2, 129:23, 130:9, 130:23, 131:22, 131:24, 138:5, 138:17, 139:12, 142:24 Public [4] - 129:21, 130:6, 148:6, 148:20 PUBLIC [26] - 5:15, 21:8, 22:11, 30:4, 31:7, 31:13, 57:12, 58:16, 64:3, 64:13, 70:4, 73:19, 74:7, 74:13, 74:17, 77:7, 83:1, 97:18, 118:1, 125:22, 126:5, 126:12, 126:17, 126:21, 127:4, 133:8 published [2] - 38:18 pulling [1] - 52:19 purchased [3] - 43:21, 96:11, 108:10</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>purposes ^[1] - 10:21</p> <p>pursuant ^[2] - 10:1, 11:25</p> <p>pursue ^[1] - 5:7</p> <p>pursuing ^[1] - 35:5</p> <p>put ^[50] - 31:25, 32:16, 33:21, 42:6, 47:1, 48:3, 50:5, 50:12, 52:14, 58:14, 60:11, 60:22, 62:17, 66:10, 66:17, 70:8, 70:10, 70:11, 70:12, 70:24, 71:2, 74:4, 75:14, 75:21, 82:13, 89:9, 90:2, 90:9, 90:17, 91:18, 94:17, 101:15, 102:9, 106:18, 108:19, 109:2, 116:19, 118:12, 127:14, 128:5, 128:23, 134:6, 134:11, 134:24, 141:12, 141:18, 145:12, 146:5, 147:5</p> <p>putting ^[5] - 35:15, 54:16, 58:15, 92:9, 138:21</p>	<p style="text-align: center;">R</p> <p>R-E-I-D ^[1] - 105:13</p> <p>R-O-B-I-N-S-O-N ^[1] - 120:12</p> <p>R-O-M ^[1] - 85:21</p> <p>R.N ^[1] - 139:2</p> <p>race ^[1] - 71:23</p> <p>raise ^[3] - 61:3, 117:15, 123:18</p> <p>raised ^[6] - 14:25, 65:9, 91:7, 110:20, 130:22, 141:8</p> <p>raising ^[1] - 111:1</p> <p>rally ^[1] - 143:15</p> <p>ramifications ^[1] - 140:19</p> <p>randomly ^[1] - 17:24</p> <p>rape ^[1] - 82:7</p> <p>rate ^[2] - 33:16, 47:12</p> <p>rates ^[4] - 3:13, 36:25, 37:4, 38:9</p> <p>ratio ^[2] - 25:17, 25:19</p> <p>RCA ^[26] - 4:5, 4:9, 11:5, 14:22, 34:20, 35:11, 35:13, 56:3, 74:9, 75:21, 119:12, 119:13, 135:23, 136:8, 136:22, 137:2, 137:15, 137:19, 137:21, 137:24, 138:7, 139:8, 139:16, 140:15, 141:3, 147:10</p> <p>RCA's ^[1] - 15:24</p> <p>reaching ^[1] - 96:19</p> <p>reactor ^[1] - 117:16</p> <p>read ^[14] - 7:14, 19:18, 19:19, 57:25, 67:12, 67:13, 74:1, 74:3, 74:9, 74:11, 74:17, 74:19, 75:8, 75:19</p> <p>reading ^[1] - 137:13</p> <p>ready ^[1] - 39:3</p> <p>real ^[8] - 9:3, 27:19, 31:12, 45:22, 110:17, 110:18, 110:24, 146:21</p> <p>reality ^[3] - 18:18, 21:18, 22:12</p> <p>realize ^[4] - 50:11, 91:24, 115:2, 116:25</p> <p>realized ^[1] - 114:1</p> <p>really ^[24] - 8:8, 17:9, 42:12, 53:4, 54:24, 61:20, 68:13, 70:2, 72:18, 72:19, 73:11, 74:20, 75:14, 80:1, 80:24, 86:19, 87:15,</p>	<p>103:16, 113:1, 124:23, 139:9, 143:3, 143:4, 145:11</p> <p>Realtor ^[1] - 124:12</p> <p>reason ^[4] - 20:4, 75:7, 106:3, 139:23</p> <p>reasonable ^[18] - 9:5, 9:13, 9:15, 12:15, 14:23, 16:12, 16:24, 17:1, 17:7, 17:10, 22:14, 36:11, 36:13, 36:14, 65:20, 65:24, 66:2, 132:12</p> <p>reasons ^[18] - 8:8, 10:5, 10:14, 10:16, 11:12, 22:7, 22:18, 119:18, 134:6, 134:11, 134:13, 138:21, 140:7, 143:7, 143:8, 143:11, 145:19</p> <p>rebuttal ^[1] - 60:4</p> <p>receiving ^[1] - 137:13</p> <p>recently ^[2] - 55:11, 72:14</p> <p>recidivism ^[4] - 3:13, 33:16, 38:8, 66:21</p> <p>recognize ^[1] - 20:11</p> <p>recognized ^[1] - 10:17</p> <p>recommend ^[1] - 23:8</p> <p>record ^[21] - 10:24, 60:7, 63:10, 67:6, 74:4, 74:16, 89:10, 94:18, 111:18, 117:13, 117:14, 120:13, 121:21, 124:6, 128:5, 128:24, 130:11, 132:25, 134:6, 134:12, 138:21</p> <p>Recording ^[1] - 1:14</p> <p>recovery ^[4] - 16:20, 56:23, 68:19, 79:6</p> <p>RECOVERY ^[1] - 1:4</p> <p>Recovery ^[1] - 4:2</p> <p>recreate ^[1] - 59:6</p> <p>recreation ^[1] - 59:5</p> <p>recycle ^[1] - 75:17</p> <p>redevelopment ^[1] - 139:18</p> <p>redo ^[1] - 36:3</p> <p>reduce ^[1] - 12:14</p> <p>reduced ^[1] - 142:1</p> <p>refer ^[1] - 11:11</p> <p>reference ^[6] - 53:19, 83:15, 100:4, 133:3, 134:14, 134:16</p> <p>referenced ^[1] - 73:24</p> <p>referral ^[1] - 15:5</p> <p>referred ^[2] - 10:12,</p>	<p>10:15</p> <p>refrain ^[1] - 23:18</p> <p>refreshed ^[1] - 74:2</p> <p>refusal ^[2] - 16:23, 16:25</p> <p>regard ^[2] - 134:23, 142:12</p> <p>regarding ^[3] - 3:12, 14:3, 14:21</p> <p>regards ^[2] - 137:17, 137:22</p> <p>registered ^[2] - 32:11, 88:23</p> <p>regulated ^[3] - 53:24, 54:1, 136:22</p> <p>regulating ^[1] - 54:4</p> <p>regulations ^[5] - 10:6, 17:12, 54:2, 54:3, 137:2</p> <p>rehab ^[35] - 3:12, 11:23, 28:9, 31:25, 33:1, 36:20, 36:25, 37:5, 37:12, 37:14, 38:8, 52:23, 56:20, 57:18, 58:4, 69:13, 70:10, 76:22, 76:25, 77:5, 79:25, 80:20, 89:1, 92:9, 94:2, 94:19, 97:10, 97:20, 99:6, 101:2, 101:16, 103:7, 114:3, 119:19, 124:14</p> <p>Rehab ^[2] - 3:14, 38:11</p> <p>rehabilitate ^[1] - 90:8</p> <p>rehabilitation ^[11] - 11:19, 17:14, 36:23, 42:6, 70:25, 95:16, 120:4, 132:8, 146:5, 146:12, 146:15</p> <p>REID ^[7] - 105:10, 105:13, 105:16, 105:19, 107:1</p> <p>Reid ^[3] - 2:22, 105:10, 107:1</p> <p>reiterate ^[3] - 75:12, 81:17, 103:12</p> <p>relapse ^[1] - 37:3</p> <p>relating ^[1] - 15:3</p> <p>relative ^[2] - 148:13, 148:15</p> <p>relatively ^[1] - 55:10</p> <p>relatives ^[4] - 72:17, 72:24, 116:17, 116:18</p> <p>relevant ^[1] - 138:9</p> <p>relief ^[3] - 9:9, 9:11, 10:10</p> <p>relieves ^[1] - 38:21</p> <p>relocated ^[1] - 120:17</p>	<p>remarks ^[1] - 24:18</p> <p>remember ^[4] - 16:7, 66:5, 68:8, 73:16</p> <p>reminds ^[1] - 59:1</p> <p>rental ^[1] - 60:14</p> <p>reopen ^[1] - 130:9</p> <p>repeat ^[1] - 143:8</p> <p>repeatedly ^[1] - 56:9</p> <p>replace ^[1] - 26:20</p> <p>replaced ^[1] - 52:11</p> <p>replacing ^[1] - 51:14</p> <p>report ^[1] - 135:23</p> <p>Reporter ^[3] - 1:21, 1:23, 148:6</p> <p>reporters ^[1] - 19:21</p> <p>representative ^[1] - 78:18</p> <p>representatives ^[1] - 137:24</p> <p>reprinted ^[1] - 73:25</p> <p>request ^[1] - 127:21</p> <p>requested ^[3] - 4:11, 9:9, 131:24</p> <p>require ^[4] - 9:1, 9:12, 15:23, 110:22</p> <p>required ^[4] - 9:8, 11:6, 26:1, 36:12</p> <p>requirement ^[1] - 10:14</p> <p>requirements ^[3] - 11:6, 28:1, 132:7</p> <p>requires ^[2] - 9:25, 129:21</p> <p>resale ^[2] - 81:24, 82:20</p> <p>research ^[1] - 62:19</p> <p>Reseau ^[1] - 112:1</p> <p>reside ^[1] - 117:22</p> <p>resided ^[1] - 118:12</p> <p>residency ^[1] - 108:11</p> <p>resident ^[9] - 40:11, 51:1, 52:5, 52:19, 60:1, 77:12, 101:14, 112:13, 116:6</p> <p>residential ^[30] - 16:10, 17:17, 18:20, 26:6, 27:16, 28:24, 30:4, 34:17, 52:23, 54:16, 60:6, 62:7, 70:13, 78:25, 79:1, 82:12, 89:7, 90:19, 105:3, 105:5, 107:9, 108:24, 114:21, 117:24, 117:25, 118:14, 119:20, 138:12, 139:11, 143:1</p> <p>residents ^[11] - 13:18, 13:20, 51:11, 53:1, 76:10, 86:16, 93:20,</p>
<p style="text-align: center;">Q</p> <p>Q-U-A-C-K-E-N-B-U-S-H ^[1] - 88:1</p> <p>Qadira ^[2] - 2:24, 80:15</p> <p>QUACKENBUSH ^[3] - 87:22, 87:25, 88:5</p> <p>Quackenbush ^[2] - 2:7, 87:22</p> <p>quality ^[2] - 72:21, 147:4</p> <p>quarter ^[1] - 119:15</p> <p>Queens ^[1] - 102:6</p> <p>questions ^[12] - 5:24, 62:23, 63:1, 63:6, 63:16, 67:24, 68:3, 69:9, 69:10, 126:10, 126:18, 126:24</p> <p>quick ^[2] - 91:25, 128:23</p> <p>quickly ^[1] - 124:21</p> <p>quiet ^[1] - 18:3</p> <p>quite ^[7] - 6:8, 6:11, 8:16, 60:18, 134:13, 142:5, 142:7</p> <p>quote ^[1] - 56:23</p> <p>quotes ^[1] - 56:15</p>				

112:19, 126:9, 140:11, 145:9 resources [3] - 13:18, 90:10, 90:18 respect [6] - 23:3, 27:7, 28:1, 51:19, 138:18, 138:20 respectful [3] - 60:20, 87:11, 88:25 respectfully [1] - 10:24 respond [3] - 5:24, 63:16, 63:17 response [1] - 13:22 responsibility [3] - 90:8, 107:23, 135:14 responsible [3] - 82:4, 82:8, 135:11 rest [1] - 91:18 restricted [1] - 10:7 restructured [2] - 84:5, 84:6 results [1] - 137:14 rethink [1] - 50:16 retire [1] - 129:19 revealed [2] - 137:14, 138:3 reverse [1] - 134:25 revert [1] - 50:14 reviewed [1] - 134:17 Reyne [2] - 2:7, 87:22 ride [2] - 69:1, 110:2 Ridgeview [2] - 89:19, 121:16 rights [2] - 29:18, 120:2 risk [1] - 58:15 risks [1] - 27:18 road [2] - 113:22, 146:1 Road [10] - 1:5, 4:3, 4:8, 39:19, 39:20, 49:2, 70:12, 78:25, 113:22, 145:5 roadways [1] - 28:25 roam [1] - 85:11 rob [2] - 34:7, 82:8 robbed [1] - 86:25 robbing [1] - 80:4 Robert [5] - 2:4, 2:7, 24:3, 24:11, 35:19 Robinson [2] - 3:4, 120:11 ROBINSON [1] - 120:11 role [1] - 73:12 roll [3] - 128:23, 129:1, 133:14 Rom [2] - 2:6, 85:20 ROM [2] - 85:11, 85:20	RONALD [1] - 1:10 room [13] - 5:3, 18:3, 32:15, 33:19, 47:18, 72:25, 78:19, 86:14, 102:25, 110:23, 110:24, 123:16, 131:13 root [1] - 13:24 roots [2] - 75:3 Roselle [1] - 105:24 route [2] - 77:16 Rubar [1] - 31:5 ruled [1] - 15:12 rules [1] - 17:1 run [1] - 111:4 running [1] - 65:16 runs [1] - 83:8 rush [1] - 97:8 Ruth [2] - 2:15, 57:6	Sandy [1] - 33:22 sane [1] - 123:16 sat [2] - 31:16, 98:3 satisfaction [1] - 25:23 SAYREVILLE [1] - 1:1 Sayreville [61] - 1:8, 18:10, 26:6, 27:3, 51:18, 52:3, 52:4, 58:11, 59:9, 61:3, 63:20, 64:15, 65:1, 65:6, 65:9, 65:10, 65:13, 68:22, 68:24, 69:11, 69:12, 70:1, 71:4, 72:20, 72:22, 73:16, 76:11, 77:13, 78:15, 78:16, 82:23, 87:8, 87:14, 88:22, 90:9, 91:5, 98:22, 108:18, 109:6, 112:13, 112:16, 119:23, 120:2, 120:19, 121:9, 122:25, 135:13, 138:1, 138:10, 139:14, 139:17, 139:21, 142:8, 142:17, 144:10, 144:25, 145:17, 145:18, 145:24, 146:13 Sayreville's [4] - 17:6, 17:11, 17:13, 90:8 scam [2] - 117:1 scare [1] - 91:18 scared [4] - 80:5, 80:8, 86:12, 116:11 scares [3] - 91:8, 91:15, 146:14 scary [3] - 80:1, 80:20, 80:24 scene [1] - 134:19 scenery [2] - 68:20, 68:25 schedules [1] - 98:25 Scheid [1] - 83:25 scheme [4] - 13:14, 14:5, 48:19, 48:20 School [13] - 28:6, 31:15, 52:3, 60:23, 73:5, 73:9, 100:21, 109:2, 110:8, 114:2, 120:25, 124:9, 124:17 school [68] - 26:12, 27:15, 27:20, 28:10, 30:2, 30:10, 43:13, 43:14, 44:20, 45:6, 46:2, 46:6, 46:9, 46:12, 48:25, 51:12,	54:13, 54:14, 54:15, 54:17, 56:24, 57:10, 57:11, 57:15, 57:19, 57:20, 57:22, 57:25, 58:2, 58:5, 58:7, 60:23, 60:24, 62:10, 66:18, 72:12, 78:13, 78:14, 80:22, 82:3, 82:13, 90:10, 90:19, 92:2, 92:3, 94:5, 99:2, 100:22, 101:16, 102:7, 102:9, 107:19, 110:25, 112:17, 112:19, 112:22, 114:1, 119:21, 124:7, 125:13, 138:12, 139:11, 142:25, 144:13, 145:13, 146:15, 147:6 school's [1] - 28:7 schoolchildren [1] - 144:14 schools [13] - 26:3, 26:6, 27:24, 28:24, 29:25, 78:11, 79:25, 80:21, 90:6, 106:9, 112:16, 112:18, 140:19 Scientific [1] - 36:24 SCOTT [1] - 70:22 Scott [3] - 2:13, 53:12, 70:22 scourge [1] - 27:23 scout [1] - 109:21 Scouts [1] - 73:8 scrap [1] - 71:7 scratched [1] - 38:21 seat [1] - 127:4 second [8] - 37:24, 38:23, 95:20, 126:1, 128:10, 133:9, 133:10, 133:11 secretary [1] - 37:23 section [4] - 24:13, 40:8, 65:1, 70:22 secure [1] - 53:21 security [14] - 14:9, 14:19, 16:2, 25:19, 25:20, 41:9, 46:4, 53:21, 135:21, 140:22, 141:4, 141:8, 141:9, 141:11 see [22] - 33:4, 35:8, 39:14, 43:5, 56:21, 58:7, 61:4, 68:2, 69:8, 84:6, 84:9, 86:9, 97:13, 97:14, 109:17, 109:18,	120:24, 135:19, 135:20, 135:24, 142:8 seem [1] - 90:7 self [4] - 53:24, 54:1, 54:4, 136:22 self-regulated [3] - 53:24, 54:1, 136:22 self-regulating [1] - 54:4 sell [1] - 49:18 selling [3] - 54:9, 56:22, 99:13 send [1] - 87:2 senior [5] - 48:22, 48:23, 66:8, 120:1, 139:11 seniors [3] - 31:22, 68:11, 88:11 sense [6] - 5:3, 5:14, 6:12, 6:19, 7:1, 97:11 sensitive [1] - 8:2 sent [1] - 47:7 sentence [1] - 75:13 September [1] - 96:23 serious [1] - 47:17 seriously [2] - 144:5, 144:7 service [2] - 42:21, 43:4 Service [1] - 36:18 services [3] - 17:2, 37:12, 132:14 session [16] - 127:6, 127:13, 128:1, 128:2, 128:7, 128:17, 128:21, 129:2, 129:19, 130:8, 130:9, 130:13, 131:1, 131:8, 131:22, 131:23 set [6] - 11:2, 12:5, 27:17, 98:4, 137:21, 148:11 sets [1] - 137:2 seven [4] - 33:8, 47:16, 110:7, 123:15 seven-year-old [1] - 110:7 several [6] - 7:24, 8:8, 25:6, 40:19, 47:25, 92:15 several-hundred- bed [1] - 25:6 severe [2] - 8:14, 47:16 sex [2] - 54:10, 56:16 shadow [1] - 135:20
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<p>Shafka [2] - 3:7, 117:7</p> <p>SHANLEY [3] - 113:11, 113:14, 114:7</p> <p>Shanley [2] - 3:4, 113:11</p> <p>Shoddy [1] - 56:1</p> <p>shootings [1] - 40:18</p> <p>short [4] - 28:5, 76:18, 122:12, 132:4</p> <p>Shorthand [1] - 1:21</p> <p>shortly [1] - 131:6</p> <p>shot [1] - 44:22</p> <p>shoulders [1] - 44:10</p> <p>shoved [1] - 84:10</p> <p>shovel [2] - 48:3, 48:17</p> <p>showed [2] - 75:2, 138:18</p> <p>showing [3] - 51:6, 82:10, 88:6</p> <p>shows [1] - 15:10</p> <p>sibling [1] - 114:25</p> <p>sic [2] - 62:8, 144:22</p> <p>sic [1] - 136:20</p> <p>Sica [5] - 12:3, 12:5, 12:20, 15:7, 144:4</p> <p>sick [1] - 87:9</p> <p>sickness [1] - 66:22</p> <p>side [2] - 135:17, 143:25</p> <p>sides [3] - 87:12, 143:14, 143:19</p> <p>signs [2] - 110:16, 113:2</p> <p>similarly [1] - 16:16</p> <p>simple [2] - 32:1, 76:18</p> <p>simply [2] - 9:9, 46:6</p> <p>single [13] - 6:14, 43:12, 43:20, 43:24, 51:25, 60:14, 61:21, 85:5, 90:4, 110:23, 112:21, 113:21, 120:24</p> <p>single-family [1] - 60:14</p> <p>sister [2] - 19:23, 20:8</p> <p>sit [3] - 6:13, 42:1, 109:3</p> <p>site [14] - 9:18, 9:21, 10:19, 14:16, 14:19, 15:4, 17:16, 18:18, 21:10, 21:20, 51:9, 56:9, 66:6, 119:25</p> <p>sits [2] - 39:12, 62:6</p> <p>sitting [3] - 41:24, 61:24, 140:16</p> <p>situation [5] - 21:4, 39:23, 49:10, 73:15,</p>	<p>136:12</p> <p>situations [1] - 12:13</p> <p>six [2] - 103:2, 123:14</p> <p>Six [1] - 19:18</p> <p>skip [1] - 36:4</p> <p>sleep [2] - 87:9, 142:13</p> <p>small [1] - 113:20</p> <p>smart [1] - 136:16</p> <p>so-called [1] - 30:8</p> <p>social [2] - 13:9, 20:23</p> <p>sold [4] - 56:21, 75:1, 100:24, 105:24</p> <p>solely [1] - 130:18</p> <p>solvent [1] - 50:18</p> <p>someone [4] - 21:3, 61:1, 66:25, 115:17</p> <p>someplace [3] - 68:11, 68:23, 82:14</p> <p>sometimes [7] - 25:11, 29:13, 80:4, 92:7, 109:14, 136:17, 143:19</p> <p>somewhere [4] - 37:9, 44:8, 90:18, 146:1</p> <p>son [6] - 49:15, 58:6, 99:7, 103:1, 111:20, 121:21</p> <p>Son [1] - 19:18</p> <p>sons [3] - 65:10, 81:21, 98:23</p> <p>sorry [10] - 26:25, 31:3, 36:23, 43:19, 55:22, 100:17, 105:14, 117:16, 125:6, 133:20</p> <p>sort [2] - 128:15, 128:18</p> <p>sought [1] - 10:10</p> <p>South [6] - 25:24, 66:3, 66:9, 71:2, 71:3, 71:4</p> <p>speaker [1] - 36:9</p> <p>SPEAKER [26] - 5:15, 21:8, 22:11, 30:4, 31:7, 31:13, 57:12, 58:16, 64:3, 64:13, 70:4, 73:19, 74:7, 74:13, 74:17, 77:7, 83:1, 97:18, 118:1, 125:22, 126:5, 126:12, 126:17, 126:21, 127:4, 133:8</p> <p>speaking [6] - 18:4, 22:25, 23:18, 24:18, 56:2, 59:12</p> <p>speaks [2] - 5:24, 126:21</p> <p>special [7] - 9:2, 10:5, 10:14, 10:16, 11:12,</p>	<p>47:7, 113:21</p> <p>special-ed [1] - 47:7</p> <p>specific [1] - 126:10</p> <p>specifically [3] - 13:7, 15:3, 56:2</p> <p>spectrum [1] - 87:12</p> <p>speed [1] - 113:22</p> <p>spell [59] - 24:9, 30:22, 32:6, 40:5, 42:18, 44:15, 46:21, 46:23, 50:24, 53:11, 55:6, 57:5, 59:23, 61:9, 64:21, 70:19, 72:7, 76:2, 76:5, 77:23, 78:1, 80:14, 81:9, 83:21, 85:18, 87:24, 88:19, 90:25, 93:8, 95:2, 95:25, 98:12, 100:11, 101:9, 101:23, 103:22, 104:10, 104:22, 105:9, 105:12, 106:25, 108:3, 109:10, 111:15, 112:7, 113:10, 114:16, 116:2, 117:6, 117:20, 118:20, 119:3, 119:6, 120:10, 121:12, 122:7, 122:17, 123:6, 123:23</p> <p>spelled [2] - 80:16, 83:23</p> <p>spend [3] - 40:25, 55:19, 109:23</p> <p>spent [3] - 115:5, 134:18, 136:18</p> <p>Spinnaker [3] - 55:21, 96:8, 96:17</p> <p>spoken [5] - 23:2, 23:7, 23:19, 89:3, 89:4</p> <p>spot [1] - 26:21</p> <p>staff [7] - 4:15, 25:17, 25:18, 39:16, 56:9, 92:7, 135:11</p> <p>staffing [3] - 15:5, 139:3, 139:5</p> <p>stake [4] - 12:10, 12:24, 13:5, 15:9</p> <p>stamp [2] - 47:1, 50:5</p> <p>stand [6] - 29:8, 29:13, 29:22, 51:8, 108:9, 108:22</p> <p>standard [1] - 21:25</p> <p>standing [3] - 5:2, 42:12, 105:23</p> <p>stands [1] - 36:21</p> <p>Stanley [2] - 2:19,</p>	<p>103:24</p> <p>STANLEY [2] - 103:23, 104:1</p> <p>Star [1] - 56:1</p> <p>start [1] - 91:23</p> <p>started [2] - 75:8, 138:4</p> <p>starting [1] - 137:8</p> <p>state [19] - 8:12, 8:23, 8:25, 9:12, 13:3, 13:8, 13:11, 13:18, 13:19, 13:20, 54:2, 56:8, 60:7, 85:6, 85:9, 137:11, 138:3, 143:11, 145:22</p> <p>State [2] - 148:6, 148:20</p> <p>statement [3] - 6:18, 60:5, 119:13</p> <p>Staten [2] - 47:10, 96:10</p> <p>states [1] - 135:8</p> <p>States [2] - 37:4, 139:10</p> <p>statistically [1] - 49:22</p> <p>statistics [5] - 3:13, 14:3, 36:25, 38:9, 38:17</p> <p>statnews.com [1] - 54:8</p> <p>statute [1] - 11:22</p> <p>statutory [2] - 13:13, 14:5</p> <p>stay [3] - 18:14, 90:20, 114:5</p> <p>steal [1] - 41:13</p> <p>steam [1] - 74:20</p> <p>stellar [2] - 67:6, 67:8</p> <p>stenographer [1] - 95:21</p> <p>stenographically [1] - 148:9</p> <p>step [2] - 71:24, 81:4</p> <p>Stephanie [2] - 3:5, 122:8</p> <p>still [10] - 45:13, 50:18, 65:10, 84:22, 84:23, 86:22, 86:23, 109:1, 113:17, 115:1</p> <p>stop [8] - 21:8, 43:8, 51:8, 56:18, 71:7, 71:8, 79:11, 107:12</p> <p>stopped [1] - 43:7</p> <p>stopping [1] - 143:5</p> <p>stops [1] - 80:23</p> <p>stores [1] - 142:7</p> <p>Strathmore [3] - 66:4, 66:10, 66:12</p> <p>Straton [2] - 32:9, 101:13</p>	<p>street [11] - 52:22, 82:1, 86:14, 93:18, 99:7, 101:3, 102:11, 110:25, 111:1, 114:21, 145:6</p> <p>Street [4] - 1:7, 64:25, 66:11, 116:4</p> <p>streets [2] - 56:23, 82:17</p> <p>strongly [1] - 77:10</p> <p>structure [2] - 10:7, 10:8</p> <p>student [1] - 91:14</p> <p>students [6] - 31:17, 31:21, 45:8, 45:20, 46:8, 46:13</p> <p>studio [1] - 109:23</p> <p>stuff [1] - 99:5</p> <p>subject [1] - 9:18</p> <p>submit [2] - 36:16, 37:1</p> <p>submits [1] - 18:20</p> <p>submitted [1] - 27:9</p> <p>subsidiary [1] - 67:18</p> <p>Substance [1] - 36:18</p> <p>substance [5] - 8:3, 8:10, 13:2, 19:25, 130:12</p> <p>substances [1] - 33:8</p> <p>substantial [1] - 15:25</p> <p>substantially [2] - 15:11, 15:17</p> <p>succeeding [1] - 121:9</p> <p>success [2] - 36:25, 37:2</p> <p>suffer [1] - 16:19</p> <p>suffering [2] - 13:8, 19:25</p> <p>sufficient [1] - 10:11</p> <p>suggest [5] - 5:6, 47:3, 47:13, 50:3, 50:6</p> <p>suggesting [1] - 21:10</p> <p>suicide [1] - 81:21</p> <p>suing [1] - 64:15</p> <p>suitable [3] - 77:2, 139:19, 145:17</p> <p>suited [3] - 10:20, 21:20, 37:11</p> <p>suits [1] - 29:12</p> <p>sum [1] - 130:12</p> <p>summarize [3] - 5:5, 5:11, 6:14</p> <p>summarized [2] - 74:1, 127:1</p> <p>summarizing [1] - 4:21</p> <p>summary [5] - 5:21, 5:25, 6:6, 7:10,</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>22:20 summed [1] - 75:14 summertime [1] - 106:14 Summit [2] - 34:2, 34:5 Sunday's [2] - 19:16, 19:17 supervised [1] - 11:23 support [8] - 10:18, 14:5, 25:12, 52:16, 88:6, 109:17, 109:24, 110:14 supported [1] - 110:10 suppose [1] - 27:8 supposed [5] - 35:14, 51:14, 57:10, 83:6, 83:7 Supreme [2] - 15:12, 119:24 surgery [1] - 96:25 surround [1] - 143:1 surrounded [1] - 123:14 surrounding [4] - 15:25, 106:20, 131:2, 134:20 SUSAN [1] - 1:15 sustained [1] - 13:21 swear [5] - 24:2, 24:5, 30:18, 35:22 sweet [1] - 122:12 switch [1] - 51:15 switching [1] - 59:3 SWORN [2] - 2:2, 3:1 sworn [58] - 24:7, 30:20, 32:4, 35:25, 40:3, 42:16, 44:13, 46:19, 50:22, 53:9, 55:4, 57:3, 59:21, 61:8, 64:19, 70:17, 72:5, 75:25, 77:21, 79:15, 80:12, 81:6, 83:19, 84:18, 85:16, 87:20, 88:17, 89:15, 90:23, 93:6, 94:25, 95:23, 98:10, 100:9, 101:7, 101:21, 102:20, 103:20, 104:8, 104:20, 105:7, 106:23, 108:1, 109:8, 111:13, 112:5, 113:8, 114:14, 115:25, 117:4, 117:18, 118:18, 119:1, 120:8, 122:5, 122:15, 123:4, 123:21</p>	<p>sympathies [1] - 125:8 sympathy [1] - 86:20 symptoms [1] - 13:24 system [2] - 90:10, 124:7 systems [1] - 100:2 SZAMRETA [2] - 72:8, 72:9 Szamreta [2] - 2:20, 72:8</p> <p style="text-align: center;">T</p> <p>T-A-B-A-C-C-O [1] - 53:13 T-A-I-T-E [1] - 122:9 T-O-R-R-E-S [1] - 98:14 TABACCO [1] - 53:12 Tabacco [2] - 2:13, 53:12 TABLE [1] - 2:1 Taite [2] - 3:5, 122:8 TAITE [2] - 122:8, 122:11 Tall [1] - 124:2 tax [1] - 29:16 taxes [6] - 29:15, 52:25, 58:16, 81:23, 82:19, 109:16 taxpayer [1] - 77:13 teach [1] - 90:20 teacher [3] - 47:7, 78:14, 90:1 teachers [2] - 58:6, 92:6 teams [1] - 75:5 tear [2] - 90:15, 142:15 television [1] - 20:24 term [2] - 9:4, 27:10 terms [4] - 4:21, 14:8, 22:22, 26:15 Terrace [1] - 72:9 terrified [1] - 116:8 test [6] - 12:6, 12:21, 15:10, 46:24, 144:5, 145:15 testified [62] - 6:15, 8:19, 14:15, 22:18, 24:7, 30:20, 32:4, 35:25, 39:24, 40:3, 42:16, 44:13, 46:19, 50:22, 53:9, 55:4, 57:3, 59:21, 61:8, 64:19, 70:17, 72:5, 75:25, 77:21, 79:15, 80:12, 81:7, 83:19, 85:16, 87:20, 88:17, 89:16, 90:23, 93:6,</p>	<p>94:25, 95:23, 98:10, 100:9, 101:7, 101:21, 102:20, 103:20, 104:8, 104:20, 105:7, 106:23, 108:1, 109:8, 111:13, 112:5, 113:8, 114:14, 115:25, 117:4, 117:18, 118:18, 119:1, 120:8, 122:5, 122:15, 123:4, 123:21 testify [1] - 6:5 testimony [20] - 4:22, 7:23, 8:8, 8:10, 10:25, 13:1, 14:1, 14:7, 14:13, 14:19, 22:22, 125:10, 126:8, 134:17, 136:9, 137:6, 137:23, 138:25, 141:3, 148:9 thankfully [1] - 92:24 THE [1] - 77:1 theater [4] - 28:19, 44:8, 50:13, 52:15 themselves [1] - 103:17 therapists [1] - 110:24 there'll [1] - 52:20 thereabouts [1] - 141:21 therefore [1] - 146:11 they've [4] - 6:15, 12:4, 60:12, 119:16 thinking [1] - 92:20 Third [1] - 1:7 third [2] - 52:2, 73:22 Thomas [1] - 53:5 thoughtful [1] - 7:25 thousand [5] - 45:16, 46:1, 66:19, 110:16, 113:2 thousands [4] - 108:25, 109:1, 123:13, 136:19 threaten [3] - 119:22, 119:23 three [10] - 12:13, 31:16, 34:25, 60:15, 60:22, 76:15, 85:25, 108:12, 124:7, 124:8 thrive [1] - 109:16 throat [3] - 84:10, 110:4, 110:5 throughout [1] - 13:3 throw [1] - 48:10 thrown [1] - 32:13</p>	<p>Tide [1] - 111:4 timeline [1] - 128:15 tired [1] - 102:23 today [10] - 54:6, 76:11, 76:21, 78:14, 84:4, 84:8, 99:4, 108:12, 116:9, 125:16 together [3] - 75:22, 107:12, 111:8 TOM [1] - 1:11 tongue [1] - 126:22 tonight [16] - 6:23, 47:1, 51:5, 69:8, 70:6, 74:3, 84:15, 97:22, 108:18, 109:5, 124:23, 127:8, 128:14, 128:16, 128:18, 146:17 took [4] - 72:23, 96:24, 116:18, 137:11 tore [1] - 83:5 Torres [2] - 2:14, 98:14 TORRES [3] - 98:13, 98:16, 98:20 total [1] - 74:21 totally [7] - 29:18, 94:7, 104:3, 116:15, 116:24, 117:13, 123:19 touched [5] - 20:16, 47:19, 143:20, 143:23, 143:24 tough [2] - 87:2, 92:4 toward [2] - 62:12, 62:17 town [22] - 31:18, 34:9, 58:23, 59:11, 59:12, 61:20, 65:11, 65:14, 66:14, 76:20, 77:7, 85:3, 88:3, 92:3, 92:4, 95:11, 107:18, 120:21, 124:12, 130:1, 142:6 Township [3] - 1:15, 1:15, 1:16 track [2] - 60:15, 67:6 traffic [13] - 6:4, 14:9, 14:10, 14:14, 14:17, 16:1, 39:18, 39:22, 49:1, 49:3, 49:6, 52:22, 94:8 training [1] - 41:5 transcript [4] - 135:6, 136:3, 136:14, 148:8 Transcript [1] - 1:3 transfer [1] - 113:20</p>	<p>Transit [2] - 115:10, 115:15 transportation [2] - 113:20, 139:12 treat [1] - 25:8 Treatment [1] - 56:2 treatment [22] - 8:4, 8:13, 16:21, 20:5, 24:20, 24:22, 24:25, 25:3, 25:5, 25:7, 25:25, 26:10, 28:8, 28:14, 29:2, 30:1, 30:7, 45:9, 53:23, 54:11, 89:2, 106:20 Tree [2] - 72:11, 124:16 tremendous [1] - 49:12 trespass [1] - 46:14 tried [3] - 46:14, 62:19, 99:7 trouble [1] - 47:12 troubled [1] - 142:24 true [4] - 75:20, 136:17, 145:4, 148:8 trusted [1] - 108:16 trusting [1] - 108:20 try [3] - 21:5, 72:24, 87:11 trying [6] - 36:21, 63:25, 64:10, 68:5, 91:9, 106:1 tune [1] - 33:12 tune-up [1] - 33:12 turmoil [1] - 56:1 turn [3] - 7:6, 65:16, 133:1 turned [3] - 20:3, 20:4, 34:5 turns [1] - 15:7 TV [1] - 6:25 two [20] - 6:5, 11:7, 11:22, 12:11, 14:4, 35:1, 37:19, 39:9, 62:2, 62:3, 71:24, 76:14, 76:18, 86:21, 109:1, 116:7, 119:15, 124:8, 131:14, 137:9 two-step [1] - 71:24 tying [1] - 82:16 type [9] - 25:11, 25:16, 25:20, 30:7, 139:14, 139:20, 139:21, 147:1 types [1] - 144:24 typical [1] - 8:7</p>
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<p>U</p> <p>ultimate [1] - 75:5</p> <p>un-armed [1] - 141:4</p> <p>unacceptable [3] - 43:15, 106:9</p> <p>unanimous [1] - 103:7</p> <p>under [19] - 9:14, 11:10, 12:2, 12:4, 13:6, 16:13, 16:18, 17:6, 44:23, 44:25, 45:8, 48:5, 84:22, 84:23, 119:24, 120:3, 130:5, 132:10, 137:18</p> <p>undercover [2] - 40:20, 41:23</p> <p>understaffing [2] - 34:22, 34:24</p> <p>undisclosed [1] - 9:22</p> <p>undisputed [5] - 11:17, 11:20, 12:25, 14:2</p> <p>unfortunately [1] - 6:13</p> <p>unique [1] - 30:9</p> <p>unit [1] - 135:10</p> <p>United [3] - 37:4, 51:7, 139:10</p> <p>united [1] - 146:20</p> <p>units [2] - 60:12, 60:14</p> <p>University [1] - 91:13</p> <p>unreasonable [2] - 19:6, 66:1</p> <p>unsafe [1] - 106:10</p> <p>unstable [3] - 32:24, 34:1</p> <p>unsupervised [1] - 30:2</p> <p>unwise [1] - 29:6</p> <p>Up [2] - 3:14, 38:12</p> <p>up [45] - 5:4, 7:3, 18:1, 18:3, 18:4, 20:12, 23:20, 23:25, 32:18, 33:12, 34:3, 42:13, 50:16, 51:6, 52:8, 54:18, 59:12, 68:14, 71:12, 73:23, 74:11, 75:14, 78:10, 79:20, 81:24, 82:1, 82:16, 85:8, 85:9, 88:6, 107:11, 108:9, 110:7, 112:20, 118:12, 125:9, 127:8, 128:20, 137:6, 138:19, 140:4, 140:21, 143:13, 143:17, 143:24</p>	<p>Upper [1] - 104:13</p> <p>upset [1] - 85:23</p> <p>upsetting [1] - 97:22</p> <p>urge [2] - 77:14, 87:15</p> <p>urgent [3] - 8:12, 13:1, 15:14</p> <p>Ursula [3] - 2:6, 32:7, 32:11</p> <p>uses [3] - 21:14, 59:3, 145:9</p> <p>utilized [1] - 29:17</p> <p>V</p> <p>V-A-G-L-I-O [1] - 88:21</p> <p>vacant [1] - 28:22</p> <p>VAGLIO [1] - 88:20</p> <p>Vaglio [2] - 2:8, 88:21</p> <p>value [2] - 81:24, 82:20</p> <p>values [3] - 90:5, 124:13, 141:25</p> <p>variance [14] - 9:9, 9:13, 10:5, 10:10, 10:18, 11:6, 12:7, 12:12, 12:18, 16:9, 18:16, 29:5, 29:12, 135:2</p> <p>various [1] - 60:3</p> <p>vehicles [1] - 55:18</p> <p>Venetian [4] - 31:22, 71:10, 83:5, 93:21</p> <p>versus [2] - 136:4, 140:20</p> <p>Vice [1] - 1:11</p> <p>VICE [8] - 125:25, 128:9, 129:6, 131:14, 133:5, 133:25, 134:8, 139:24</p> <p>victims [1] - 146:25</p> <p>Victory [1] - 28:18</p> <p>View [1] - 62:8</p> <p>view [2] - 46:10, 146:22</p> <p>virtually [1] - 21:15</p> <p>visibility [1] - 135:9</p> <p>visit [5] - 44:22, 52:7, 72:24, 82:15, 93:17</p> <p>visited [2] - 93:21, 93:22</p> <p>visiting [1] - 39:22</p> <p>volunteer [1] - 20:13</p> <p>volunteers [1] - 20:13</p> <p>vote [18] - 64:4, 70:5, 77:9, 101:19, 109:4, 122:11, 125:1, 128:4, 128:14, 128:17, 132:22,</p>	<p>133:13, 133:14, 134:7, 134:11, 135:5, 147:7</p> <p>voted [6] - 108:15, 108:16, 139:23, 142:10, 142:19, 143:9</p> <p>voting [4] - 130:15, 135:1, 143:11, 145:19</p> <p>vulnerable [1] - 75:15</p> <p>W</p> <p>wait [3] - 7:5, 37:23, 85:12</p> <p>waiting [5] - 31:22, 34:18, 54:20, 71:11, 115:7</p> <p>walk [18] - 28:5, 29:24, 41:12, 41:14, 43:22, 46:6, 57:21, 57:22, 71:5, 80:5, 94:9, 107:12, 110:3, 110:8, 114:9, 118:7, 124:8</p> <p>walking [11] - 43:20, 44:10, 44:11, 71:1, 80:22, 94:9, 99:1, 106:8, 107:21, 110:4, 144:14</p> <p>walks [4] - 86:1, 91:10, 112:20, 118:7</p> <p>walkway [1] - 28:7</p> <p>Walmart [2] - 109:18, 111:5</p> <p>wants [7] - 7:2, 28:14, 33:14, 33:15, 97:20, 128:3, 143:4</p> <p>War [1] - 52:3</p> <p>war [3] - 78:18, 78:21, 79:5</p> <p>washed [1] - 62:10</p> <p>watch [3] - 43:9, 43:10, 109:4</p> <p>watched [3] - 43:24, 61:20, 62:1</p> <p>watching [3] - 6:25, 31:17, 135:22</p> <p>ways [1] - 60:3</p> <p>wealthy [1] - 25:9</p> <p>Weber [1] - 68:22</p> <p>Wednesday [1] - 1:7</p> <p>week [4] - 74:2, 84:18, 115:6, 125:2</p> <p>weekday [1] - 102:25</p> <p>weekend [1] - 86:11</p> <p>weekends [1] - 118:6</p> <p>weigh [2] - 12:16, 143:14</p>	<p>weighing [1] - 147:2</p> <p>welcome [2] - 142:17, 145:18</p> <p>whole [6] - 34:14, 39:12, 68:14, 73:1, 117:24, 137:19</p> <p>wholeheartedly [1] - 142:16</p> <p>wife [5] - 72:15, 76:20, 105:23, 115:5, 115:15</p> <p>Wife's [1] - 66:7</p> <p>wild [1] - 65:16</p> <p>WILLIAM [1] - 1:11</p> <p>willing [6] - 9:16, 14:23, 26:9, 30:11, 55:19, 138:14</p> <p>win [5] - 73:16, 73:17, 93:4</p> <p>Winehouse [1] - 37:5</p> <p>wisdom [1] - 26:1</p> <p>wish [3] - 4:25, 83:14, 128:4</p> <p>wishes [3] - 77:19, 81:3, 83:17</p> <p>witness [2] - 6:14, 60:5</p> <p>witnesses [1] - 22:22</p> <p>wits [1] - 86:12</p> <p>Włodarczyk [1] - 84:24</p> <p>woman [2] - 34:7, 90:4</p> <p>women [1] - 52:8</p> <p>wonderful [2] - 96:14, 97:1</p> <p>wondering [1] - 110:4</p> <p>Woodlake [1] - 40:8</p> <p>Woodmere [7] - 53:13, 85:21, 88:21, 104:1, 112:11, 113:14, 118:23</p> <p>Woods [1] - 104:24</p> <p>words [2] - 34:18, 36:15</p> <p>working-class [1] - 107:8</p> <p>works [5] - 53:3, 78:15, 91:14, 108:13, 110:21</p> <p>world [3] - 21:6, 41:2, 91:10</p> <p>worried [4] - 67:2, 67:20, 90:4, 90:5</p> <p>worry [12] - 54:2, 54:3, 67:19, 99:10, 99:23, 100:1, 106:15, 107:13, 110:6, 114:9, 145:25, 146:2</p> <p>worrying [1] - 115:16</p> <p>worse [1] - 43:11</p>	<p>worst [2] - 34:13, 34:14</p> <p>worth [2] - 8:6, 74:12</p> <p>wrongest [1] - 87:13</p> <p>Y</p> <p>yards [2] - 45:16, 46:1</p> <p>Yas [1] - 109:11</p> <p>Yasmeen [1] - 2:24</p> <p>year [8] - 52:2, 58:24, 98:22, 105:25, 107:11, 110:7, 137:1, 141:20</p> <p>years [65] - 19:24, 20:11, 20:15, 28:22, 31:16, 32:16, 33:11, 40:19, 45:14, 47:8, 47:9, 52:2, 55:12, 55:13, 60:2, 61:17, 61:19, 65:6, 65:7, 66:3, 70:24, 72:13, 72:14, 72:15, 73:14, 78:8, 78:11, 79:1, 79:6, 83:3, 85:3, 85:22, 85:25, 86:22, 88:23, 89:22, 90:2, 91:7, 91:9, 92:15, 95:6, 96:13, 96:23, 97:4, 102:7, 110:11, 112:14, 113:16, 114:8, 115:1, 116:7, 120:16, 121:22, 123:14, 123:15, 123:16, 135:13, 136:18, 139:19, 142:6, 143:21</p> <p>yesterday [1] - 76:19</p> <p>yet-to-be-identified [1] - 9:21</p> <p>York [18] - 19:16, 19:17, 19:21, 21:7, 33:2, 51:7, 55:11, 55:12, 55:13, 61:1, 78:9, 85:22, 110:20, 113:18, 118:13, 120:18</p> <p>young [8] - 31:2, 31:15, 42:13, 76:18, 107:21, 108:11, 113:1, 116:7</p> <p>younger [1] - 114:25</p> <p>youngest [1] - 107:5</p> <p>yourself [2] - 84:5, 84:6</p> <p>yous [1] - 116:25</p> <p>Z</p> <p>zone [14] - 17:17,</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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18:19, 18:20, 18:23,
26:2, 54:18, 57:10,
57:11, 57:15, 58:5,
145:3, 145:7, 145:8

zoned ^[1] - 18:11

zones ^[1] - 27:24

zoning ^[10] - 10:3,
11:13, 17:11, 17:13,
18:12, 20:10, 59:16,
60:8, 62:1, 101:17

zoning's ^[1] - 101:17